

Historic, Archive Document

Do not assume content reflects current scientific knowledge, policies, or practices.

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PMA-164 REQUEST FOR APPROVAL OF VETERAN TRAINING 5-23-46 Distribution:
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Revised TO OFFICIAL TRAVEL (Insertion No. 1, 6 pages; Insertion No. 2,
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Revised (except S-14),B

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(except S-14).,B

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UNNUMBERED LIBRARY PURCHASE ORDER 8-8-46 Distribution: A (except A-14),
FORM W,L,S (except S-14),B

* * *

PMA, MATERIALS & EQUIPMENT BR.
ADMINISTRATIVE OFFICER
10-29-46
PMA-A-23

NAME:	DOE	JOHN	V
	Last	First	Initial
AGENCY:	PMA-TOB		
	Administration or Bureau Abbreviation		
LOCATION:	4509	S	
	Room	Building	Abbreviation
TELEPHONE:	2262-2567		
	Tie-Lines - Extensions		
<u>TELEPHONE DIRECTORY INFORMATION</u>			
<u>(FOR ADDITIONS ONLY)</u>			
AD-7 (Supersedes AD-236)			

FORM NUMBER: AD-7

TITLE: TELEPHONE DIRECTORY INFORMATION
(For Additions Only)

ACTUAL SIZE: 3" X 5"

PRINTED: 1 card, one side

PREPARATION: By administrative officers, Washington. Original only.

DISTRIBUTION: Chief, Space Management Section, Administrative Services Division,
Budget and Management Branch, original only.

PROCEDURE COVERING USE: 445.1

DISTRIBUTION: A

4-11-46

NAME:	DOE	JOHN	V
	Last	First	Initial
AGENCY:	PMA-TOB		
	Administration or Bureau Abbreviation		
LOCATION:	4509	S	
	Room	Building Abbreviation	
TELEPHONE:	2262-2567		
	Tie-Lines - Extensions		
<u>TELEPHONE DIRECTORY INFORMATION</u> <u>(FOR DELETIONS ONLY)</u>			
AD-8 (Supersedes AD-236)			

FORM NUMBER: AD-8 (Colored)
TITLE: TELEPHONE DIRECTORY INFORMATION
(For Deletions Only)

ACTUAL SIZE: 3" X 5"
PRINTED: 1 card, one side

PREPARATION: By administrative officers, Washington. Original only.

DISTRIBUTION: Chief, Space Management Section, Administrative Services Division,
Budget and Management Branch, original only.

PROCEDURE COVERING USE: 445.1

DISTRIBUTION: A
4-11-66

AD 61

UNITED STATES DEPARTMENT OF AGRICULTURE
REQUEST FOR AUTHORIZATION TO ATTEND MEETING

(Submit in duplicate. If more space needed for lists or other purposes, use reverse)

Bureau or Office Blank Branch, Chicago, Illinois

Date August 14, 1945

DIRECTOR OF PERSONNEL:

Authorization is requested for the attendance of:

<u>Name and position</u>	<u>Station</u>	<u>Estimated Expense</u>
JOHN A. DOE, Marketing Specialist	Chicago, Illinois	\$50.00

at meeting of Combined Food Board

Place Toronto, Canada

Date August 30, 1945

Employee (if request covers several, name checked) will ~~read papers~~ make address on quota of processed foods available to foreign governments.

The work of the Department will benefit through the attendance in the following way (or state other justification): Give the department an idea of foreign requirements in order that inventories can supply the demand.

Authorization for the attendance of no other employees of this bureau at above meeting has been or will be requested.

Remarks:

/s/

Chief of Bureau.

Approved, by direction of the Secretary:

Branch Director
Blank Branch

Director.

Date _____

FORM NUMBER: AD-61

TITLE: REQUEST FOR AUTHORIZATION TO ATTEND MEETING

ACTUAL SIZE: 8" X 10½"

PRINTED: 1 sheet, front only

PREPARATION: Original and three copies by official authorized to approve LA.

DISTRIBUTION: ALL COPIES TO appropriate Branch Director

PROCEDURE COVERING USE: 218.1

Form A. D. 154
(Dec. 1939)UNITED STATES DEPARTMENT OF AGRICULTURE
JUSTIFICATION FOR AIR TRAVEL

August 20, 1945

The following travel by commercial air lines ^{is to be}~~{has been}~~ performed by _____

John A. Doe

(Name of traveler)

(a) This travel is justified for the following reason (indicate by check):

1. No excess cost to the Government will result.
2. Excess cost will be absorbed by the traveler.
3. No other usual means of public transportation is available.
4. Emergency involving the saving of life or property.
- ☒ 5. Impracticable to utilize other usual means of public transportation for purposes of this travel.

(b) Details are as specified (indicate by check):

1. In statement of comparative cost on reverse of this form (required for reasons 1 and 2).
2. In factual statement below (required for reasons 3, 4, and 5).

See reverse for comparative cost statement.

Air travel is necessary in order that I can return to Chicago and travel to meeting with State officials in Louisville, Ky., on Aug. 24, as previously schedule.

I certify that the information presented in this statement is, to the best of my knowledge and belief, correct.

/ s/ Richard Roe, Initiating Official
(If other than traveler)
Officer-in-Charge
APPROVED FOR BUREAU: (required for reasons 4 and 5 only)

/s/ John A. Doe, Traveler

/ S/ 8/22/45
(Signature) (Date)

Director, Blank Branch
(Title)

APPROVED FOR DEPARTMENT: (required for reason 5 only)

(Signature) (Date)

(Title)

FORM NUMBER: AD-154
TITLE: JUSTIFICATION FOR AIR TRAVEL

ACTUAL SIZE: 8" X 10½"
PRINTED: 1 sheet, both sides, See reverse of form on back of this sheet.

PREPARATION: By traveler and forwarded to the official authorized to approve LA, or by official authorized to approve LA.
Prepare in original and three copies.

DISTRIBUTION: All copies to official authorized to approve excess cost of air travel.

PROCEDURE COVERING USE: 218.1

DISTRIBUTION: A, W, L, S (except S-14). B
4-9-46

PT-26

Traveler's official station ... Chicago, Ill.

Salary rate	\$3640.00	Per diem rate	\$6.00
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Per diem rate \$6.00

LEG OF JOURNEY (A "leg" is each trip between two places of business)				ACTUAL OR PROPOSED METHOD OF TRAVEL						TRAVEL BY OTHER USUAL MEANS OF PUBLIC TRANSPORTATION						
				MEANS	LEAVE		ARRIVE		FARE		MEANS	LEAVE		ARRIVE		FARE
					Day	Hour	Day	Hour				Day	Hour	Day	Hour	
Lv. Chicago				A	Tues-14	p. m. 9:30	Aug. 15	a. m. 10:17			R	Sun-12	p. m. 11:15	Aug. 15	a. m. 7:35	
Ar. Portland																
Lv. Portland					Tues-21	p. m. 6:10						Tues-21	p. m. 8:00			
Ar. Chicago							Wed-22	a. m. 8:42						Fri-24	a. m. 8:40	
									\$170.00					ticket		104.40
														Pullman		34.80
(Note: \$3640 p.e. = \$14.00 per day per Govt. Salary Table)																
Transportation to or from airport or station in excess of 75¢ per trip																
Gross Costs of TRAVEL				.40												
				170.40												
Per diem savings at beginning of trip				(to be subtracted) 10.50												
Per diem savings at end of trip				(to be subtracted) 12.00												
Salary savings at beginning of trip				(to be subtracted) 28.00												
Salary savings at end of trip				(to be subtracted) 28.00												
Net Costs of TRAVEL				78.50												
				91.90												
Subtract travel by other usual means (if less)				Subtract actual (if less)												
Excess Cost				91.90												
				47.30												

NOTES: 1. Under "means" indicate air line by "A," rail by "R," bus by "B," and steamship by "S." Other means of travel may be indicated by "O" but should be explained by a marginal note.
2. Under "day," indicate the month in first block, and under it the day of the week and of the month. Names of months need not be repeated except when a new month begins.

EXAMPLES:	Feb. Sat-23	Tue-26	Mar. Fri-1
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This Schedule need not be filled out when Departmental approval has been or is to be secured.

AD 196

UNITED STATES DEPARTMENT OF AGRICULTURE

REQUEST FOR RETIREMENT RECORD CARD

To: Farm Security Administration
(Bureau or office in U. S. D. A.)

September 25, 1946
(Date)

In reply refer to
File:

It is requested that Retirement Record Card, Form 2806, be completed, and furnished this office for

Mary A. Doe

(Name)

who claims to have been employed as follows:

DOB: 10-4-96

[illegible]

For all periods of service, during which retirement deductions were not withheld, kindly furnish the gross amount earned and the net amount paid by fiscal years.

All changes in rate of pay and designation of position should be shown.

If service is at a per hour rate the number of hours served each month should be furnished together with the number of hours that constitute a month's service; also furnish reason for termination. In the event this information is not of record, kindly furnish name and symbol number of disbursing officer during the period involved.

Very truly yours,

Elizabeth B. Allen

Retirement Clerk

(Title)

Production and Marketing Administration
South Building Room 3156

(Bureau or Office)

FORM NUMBER: AD-196

TITLE: REQUEST FOR RETIREMENT RECORD CARD

ACTUAL SIZE: 8" X 10½"

PRINTED: 1 sheet, front only.

PREPARATION: Original by appropriate fiscal office.

DISTRIBUTION: To affected branch or office.

PROCEDURE COVERING USE: 324.1

DISTRIBUTION: A, W-15, L-15
9-23-46

AD-250

UNITED STATES DEPARTMENT OF AGRICULTURE
ACCIDENT REPORT

Production and Mktg. Admin.
(Bureau)

Fruit and Vegetable Branch
(Division or Region)

Dallas, Texas
(Camp or Station)
P.O. Box 12, Dallas, Texas
(Post Office)

NOTICE.—Operators of Government-owned motor vehicles who become involved in accidents of any character whatsoever with privately owned vehicles or property, or with persons, shall make immediate report thereof on this form. This report must be made in all instances irrespective of whether damage has been sustained and must be submitted promptly to the official superior.

1. Number of Government-owned vehicle A-1000 2. Date of accident June 3, 1946
3. Time 4:30 ^(p. m.) 4. Exact place at which accident occurred Intersection U.S.Rt. 55 & State Rt. 129
5. From what place to what place was Government vehicle bound? From Podunk to Dallas
6. Was Government driver performing official duty? Yes
7. Extent of injury or damage to Government-owned vehicle Front Bumper and right front fender
damaged. Right headlight broken; grillwork dented.
8. Extent of damage to other property Front bumper bent; left front fender damaged; hub
cap smashed.

VEHICLE No. 1.—GOVERNMENT-OWNED VEHICLE

Make and type of vehicle 1938 - Ford Tudor Roster title of driver Mktg. Specialist
Direction of travel West What street State Route #129 Width of roadway 18 feet
Which side of street Right Speed 15 miles per hour.

VEHICLE No. 2.—OTHER VEHICLE OR PROPERTY INVOLVED

Make and type Plymouth License No. Tex-1234 Year 1941 Direction of travel South
What street U. S. Route 55 Which side Right Speed 35-40 miles per hour.
Name and address of owner Richard Roe, 1000 Main St., Dallas, Texas
Name and address of driver _____

IF PERSON IS INJURED

Name None Age _____ Sex _____ Married or single _____
Address _____ Occupation _____
Nature and extent of injuries _____

Taken to _____ By _____
9. Tell, in your own way, how the accident happened I was driving west on State Route 129. As
I approached the intersection with highway 55 I slowed down almost to a complete
stop and looked both ways. I did not see any approaching traffic and started
across. Just as I entered the intersection I noticed a car approaching from
my right at a high rate of speed and I attempted to stop. When it appeared that
I could not stop in time I turned sharply to the left but could not avoid the
collision.

16-24702-1

FORM NUMBER: AD-250
TITLE: ACCIDENT REPORT

ACTUAL SIZE: 8" X 10½"
PRINTED: Two sheets (joined), four sides.

PREPARATION: Prepared jointly by driver and investigator in original and three copies.

DISTRIBUTION: Investigator sends original and all copies to employee's supervisor who retains one copy and sends original and two copies to chief of Area AS Division. Subsequent distribution: original for original accident docket; one copy for Accident Board of Review's copy docket; one copy for AS Division, Washington, for copy docket. The AS Division shall submit this copy to the Personnel Division, Washington, for review before filing.

PROCEDURE COVERING USE: 436.1

DISTRIBUTION: A (except A-14), W,
11-5-46 L, S (except S-14), B

10. Obtain names and addresses of witnesses. (This is important.) If unable to obtain names of witnesses, give reason below.

Name	Address
<u>Tom Brown</u>	<u>c/o Brown's Filling Station</u>
	<u>Route 3, Dallas, Texas</u>

11. CHECK (X) EACH DRIVER.	VEHICLE		CHECK (X) WHAT INJURED PEDESTRIAN WAS DOING. (Check one item only—most important)	X	CHECK (X) LIGHT AND WEATHER CONDITIONS.	X
	1	2				
Driving properly.....		X	Waiting for street car.....		Daylight.....	X
Exceeding speed limit.....			Getting off—on street car.....		Artificial light good.....	
On wrong side of street.....			Getting off—on vehicle.....		Artificial light poor.....	
Had not right of way.....	X		Crossing at intersection.....		Darkness.....	
Cutting in.....			Same—with signal.....		Clear.....	
Skidding.....			Same—against signal.....		Cloudy.....	X
Passing standing street car.....			Crossing—Not at intersection.....		Fog.....	
Passing on wrong side.....			At work on highway.....		Rain.....	
Failed to signal.....			Running.....		Snow.....	
Backing.....			Walking.....		CHECK (X) KIND OF ROAD AND SURFACE CONDITIONS.	
Cutting left corner.....					Unpaved.....	X
Through street, failed to stop.....	X				Asphalt.....	
Car parked or standing.....					Brick.....	
					Granite block.....	
CHECK (X) CONDITION OF BOTH PERSONS INVOLVED.	X	X	CHECK (X) TRAFFIC CONDITIONS.	X	Wood block.....	
Normal.....	X	X	Heavy.....		Concrete.....	X
Physical defect.....			Light.....	X	Street car tracks.....	
Intoxicated.....			Medium.....		Good.....	X
Confused.....			None.....		Rough.....	
View obstructed.....					Defective.....	
					Obstruction.....	
CHECK (X) CONDITION OF BOTH VEHICLES.	X	X	TRAFFIC REGULATED BY—	X	Dry.....	X
Good.....	X	X	No one.....	X	Wet.....	
Fair.....			Police officer.....		Muddy.....	
Poor.....			Electric signals.....		Snowy.....	
					Icy.....	
					Oily.....	
					Slushy.....	
					Curve.....	
					Straight.....	X

12. Indicate any defect of either vehicle which may have contributed to the mishap None

13. Who, in your opinion, was responsible for accident? Both drivers

14. Indicate by cross (X) mark where each vehicle was in contact:

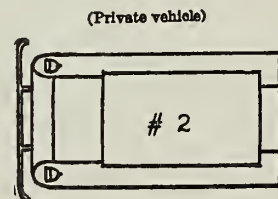
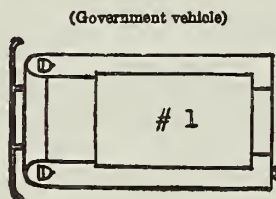
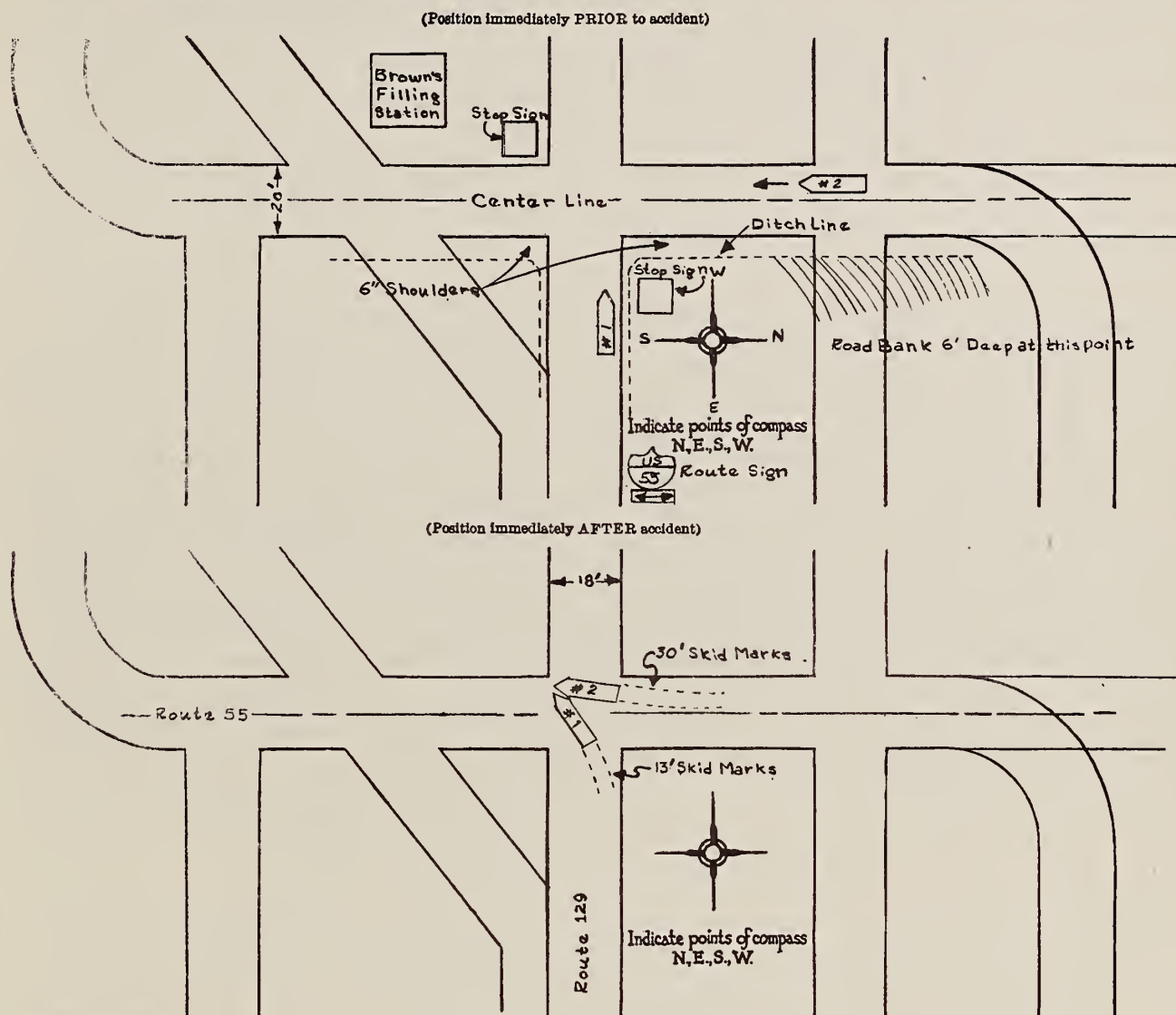


DIAGRAM SHOWING HOW ACCIDENT OCCURRED

15. (Indicate name of streets and locations of Government vehicle, also locations of other vehicles, persons, and objects concerned and by arrows the direction of travel of vehicles, etc.)



16. EXPLANATION:

Route 55 is 20 ft. concrete 2-lane highway with 6 ft. shoulders. Route 129 is 18 ft. blacktop 2-lane road with 5 ft. shoulders. Highway 55 has 6 ft. bank on East side running to the intersection, which obscures traffic on Route 55 North of Route 129. Vision is not clear until car on Route 129 reaches the ditch line of Route 55.

John Doe
(Signature of driver)

(The Following Will Not Be Filled in by Driver)

June 3, 1946
(Date)Estimated cost of repairs
to Government vehicle \$ 85.00

Estimate by Smith's Garage

Government Mechanic.

Cost of repairs to Government vehicle, \$ Not made

17. Is the damage to the claimant covered in whole or in part by insurance? No

ACTION RECOMMENDED

June 3, 1946
(Date)

I visited the scene of the accident shortly after it occurred, made appropriate measurements and interviewed the only witness. His statement and copies of pertinent State laws are attached. There is agreement that Mr. Doe did slow down before crossing the intersection, but he admits that he did not stop. Government car left skid marks 13 feet long beginning 3 feet in from edge of concrete of highway #55 and continuing to point of impact. Private car left skid marks for distance of 30 feet beginning near centerline of road and veering to the right edge of pavement at point of impact. Driver of private car claimed to be going 35-40 miles per hour, which is within legal speed limit of 45 miles per hour. Driver of Government car does not contest this statement. The change in grade of Route 55 North of intersection and the resulting increase in height of road bank on East side made it impossible to see passenger car approaching from the North until it was within 50 feet of the intersection or until the driver of the Government vehicle approaching on Route 129 had reached the ditch line of Route 55. State law requires full stop before entering arterial highway #55. Stop sign at intersection and route sign 100 feet from intersection were clearly visible. Damage to private car estimated to be \$135.00. Owner, who was driving the car, has indicated his intention of submitting a claim. In my opinion Government Driver was wholly responsible for the accident.

Jud Durand
(Investigating Officer)

ADMINISTRATIVE COMMENTS:

I agree with the findings of the investigating officer that the Government driver was responsible for the accident. Since the Government driver's failure to stop constitutes a violation of both State law and Departmental regulations it is recommended that appropriate disciplinary action be taken. It is also recommended that any claim for repairs which may be submitted by the private owner be given favorable consideration.

Harvey Hillman
Officer in Charge

Form AD-252
9-16-46

UNITED STATES DEPARTMENT OF AGRICULTURE

MOVEMENT OF HOUSEHOLD GOODS AT GOVERNMENT EXPENSE

1. General Instructions.—Fill in all the blanks below as well as the necessary inventory blanks on the reverse side, then forward this form to the officer who is to arrange for the transportation.

2. Moving at Government Expense.—When specifically authorized, an employee of the Department transferred from one official station to another for permanent duty may be allowed charges for packing, crating, transporting (including drayage), uncrating, and unpacking (but not storage) of his household goods and personal effects by the method of shipment selected by the bureau. Shipment may be made by some means other than that selected by the bureau if the employee so desires and will pay the difference in cost. An employee with dependents is entitled to the transportation of a maximum of 5,000 pounds by motor van or 6,250 pounds by rail. An employee without dependents is allowed a maximum of 2,500 pounds or 3,125 pounds. He must assume the cost of any excess weight. Payment will not be allowed for the shipment of wines, liquors, animals not necessary in the performance of official duties, birds, or automobiles. Groceries or provisions may be included in the shipment during the period of Government rationing of food. (Reference: Department Regulation 3435.)

3. Important Points on Motor Van Shipment.

(a) Articles of High or Extraordinary Value Not Accepted.—Usually includes such items as bank bills, coin, currency, deeds, notes, other valuable papers, jewelry, stamps, precious stones, precious metals or articles manufactured therefrom. If such articles come into the possession of the carrier without his knowledge, responsibility for safe delivery is not assumed.

(b) Weighing of Goods.—Because questions frequently arise over possible weight discrepancies, the employee should, when practicable, be present at the weighing of his goods to assure that it is done properly. The weight of the goods is determined as follows: Truck is weighed empty (except for certain equipment such as blankets, pads, dollies, chains, etc., needed to transport the goods) minus crew, gasoline tank full. (Carrier should carry in each vehicle a weight ticket showing the weight of the vehicle empty, date it was weighed, and a list of equipment as mentioned above.) The truck is then loaded and weighed, minus crew, before delivery. The weight of the goods is determined by deducting the weight of the truck empty

from the loaded weight. When scales are not available at point of pick-up, the employee should insist that goods be weighed en route or at point of destination. This is important because if no adequate scale is located at origin or any point within a radius of 10 miles, carrier may determine the weight of the goods by using a constructive weight of 7 pounds per cubic foot of properly loaded van space. That method of computing weight is usually disadvantageous to the employee because it invariably produces more than actual weight.

(c) Storage in Transit.—If the employee requests storage of his goods somewhere between point of pick-up and final destination, there will be an extra charge for unloading and loading at warehouse and for storage. (The Government will not pay for storage or charges incidental thereto. The cost must be assumed by the employee.)

(d) Incomplete Delivery.—The carrier may place all or part of the shipment in storage at the employee's expense if shipment is ready for delivery at destination address and, through no fault of the carrier, delivery cannot be made because it is impossible to get all or part of the goods into the building, the driveway is impassible, etc.

4. Damage.—The Regulations provide that goods must be moved at a transportation rate based on the lowest released valuation, but if the employee wants greater protection against loss or damage, he may place a higher valuation on his property providing he will be liable for the excess transportation cost occasioned thereby. The employee is advised to ship at the carrier's lowest rate which provides a 30 cents per pound per article carrier liability on motor-van shipments and a 10 cents per pound per article carrier liability on rail or water shipments, and then procure, at his own expense, cargo insurance which is based on value of the articles rather than weight, and applies even though the loss may be beyond the liability of the carrier. Many motor carriers will handle this type of cargo insurance for the employee. In other cases, where they will not, the employee may obtain it direct from insurance companies who handle that type of policy.

Even though shipment is at Government expense, the Department cannot be involved in making claims or adjustments for lost or damaged goods. Such negotiations are the responsibility of the employee to be handled by him direct with the carrier who delivers the shipment. (In the case of rail shipment, this would be the delivering rail carrier.)

INFORMATION NEEDED TO ARRANGE TRANSPORTATION

(To be filled in by employee)

1. ADDRESS (STREET, CITY, AND STATE) FROM WHICH GOODS TO BE SHIPPED:		2. ADDRESS (STREET, CITY, AND STATE) TO WHICH GOODS TO BE SHIPPED: ¹	
1723 Oregon Avenue, N. W. Washington, D. C.		2000 Cedar Street Atlanta, Georgia	
3. BIDDER MAY INSPECT PROPERTY BY CONTACTING (Give name and telephone number):		4. EMPLOYEE DESIRES MOVEMENT TO START (Date):	
Mr. John A. Doe Republic 2162		February 11, 1946	
5. MAXIMUM NUMBER OF DAYS EMPLOYEE CAN ALLOW FOR DELIVERY (From date shown at left):			
Twenty			
6. IF GOODS ARE SHIPPED BY MOTOR VAN, WILL CARRIER BE REQUIRED TO FURNISH CONTAINERS, PACK AND UNPACK SMALL, MISCELLANEOUS, AND BREAKABLE ITEMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

I CERTIFY THAT I ~~(DO)~~ (DO NOT) HAVE DEPENDENTS LIVING WITH ME; AND THAT NO RESTRICTED ITEMS WILL BE INCLUDED IN MY HOUSEHOLD GOODS SHIPMENT. (See par. 2 above.)

DATE February 2, 1946	EMPLOYEE'S NAME John A. Doe	EMPLOYEE'S SIGNATURE <i>John A. Doe</i>
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¹ If exact destination street address is not known, give name, address, and telephone number of person to be contacted when goods arrive.

(OVER)

FORM NUMBER: AD-252

TITLE: MOVEMENT OF HOUSEHOLD GOODS AT GOVERNMENT EXPENSE

ACTUAL SIZE: 8" X 10½"

PRINTED: 1 sheet, both sides

PREPARATION: Area or Field: Original and two copies, by employee. } (Originals and all copies to be signed)
Washington: Original and three copies, by employee.

DISTRIBUTION: Area or Field: Employee sends original and two copies to procurement officer. Subsequent distribution by procurement officer: original and one copy to appropriate accounting office handling the allotment; copy, Area Administrative Services (AS) Division, Budget and Management (BM) Branch Area Office.

Washington: Employee sends original and three copies to procurement officer. Subsequent distribution by procurement officer: original, Purchase, Sales and Traffic Division, Office of Budget and Finance; two copies to appropriate accounting office handling the allotment; copy, AS Division, BM Branch.

PROCEDURE COVERING USE: 405.2

DISTRIBUTION: A, (except A-14), W, (except W-14), L, S, (except S-14), B

5-1-46

ITEMIZED LIST OF HOUSEHOLD GOODS TO BE MOVED

In the inventory blanks below, employee should indicate the number of pieces of each article which he proposes to have moved. References to "cubic feet" should be ignored, except in noting the approximate size of boxes and cartons.

Note the information and fill in all blanks on the other side of this sheet.

ARTICLE	Cu. Ft. Per Pk.	Pieces	Cu. Ft.	ARTICLE	Cu. Ft. Per Pk.	Pieces	Cu. Ft.	ARTICLE	Cu. Ft. Per Pk.	Pieces	Cu. Ft.	ARTICLE	Cu. Ft. Per Pk.	Pieces	Cu. Ft.
LIVING ROOM				DINING ROOM				KITCHEN				MISCELLANEOUS (Cont.)			
Bench, Fireside.....	5			Buffet.....	30			Breakfast Suite Chair....	5	4	20	Mangle, Gas.....	25		
Bookcase, Double Door....	20			Chair, Arm.....	8			Breakfast Suite Table....	10	1	10	Pedestal.....	3		
Bookcase, Sect., per sec..	3			Chair, Straight.....	5			Brooms & Mops, Bundle..	2	1	2	Play Pen (folding).....	3		
Book Shelves.....	10			China Closet.....	25			Chair.....	5			Porch Chair.....	10		
Chair, Arm.....	10	1	10	Dinette Buffet.....	20			High Chair.....	5			Porch Rocker.....	15		
Chair, Cogswell.....	15			Dinette China Closet....	15			Hot Plate.....	2			Porch Davenport.....	30		
Chair, Occasional.....	15			Dinette Table.....	15			Ironing Board.....	2	1	2	Porch Rug, Large.....	10		
Chair, Overstuffed.....	25			Rug, Large.....	10			Kitchen Cabinet.....	30			Porch Rug, Small.....	3		
Chair, Straight.....	5			Rug, Small.....	3			Linoleum.....	10			Porch Settee.....	20		
Clock, Mantle.....	1			Server.....	15			Range, Coal.....	35			Porch Swing.....	15		
Clock, Grandfather.....	20			Table, Extension.....	30			Range, Electric.....	25			Porch Table.....	10		
Davenport, 2 Cushions....	35			Tea Cart.....	10			Range, Gas.....	25			Sand Box.....	10		
Davenport, 3 Cushions....	50							Refrigerator, Electric....	25			Screen Doors.....	2		
Desk, Ladies'.....	12			BEDROOM				Refrigerator, Dbl. Door..	40			Sewing Cabinet.....	2		
Desk, Gov. Winthrop.....	20			Bassinet.....	5			Refrigerator, Ice.....	20			Sewing Machine.....	10		
Fireplace Equipment.....	5			Beds; Spg. & Matt., Dbl..	60	1	60	Refrigerator Unit.....	8			Sewing Mech., Port'hle..	2		
Lamp, Floor (no shade)...	3	1	3	Beds; Spg. & Matt., Sgl..	40			Stool.....	3	1	3	Slid.....	2		
Lamp, Table (no shade) b'd.	2			Box Spgs., for Dbl. Bed..	25			Table.....	5			Step Ladder.....	5		
Magazine Rack.....	2	1	2	Box Spgs., for Sgl. Bed..	18			Utility Cabinet.....	10			Tool Chest.....	10		
Music Cabinet.....	10			Bureau.....	25							Tricycle.....	5		
Piano, Baby Grand.....	50			Carton, Clothes.....	10			MISCELLANEOUS				Tub.....	5		
Piano, Parlor Grand.....	60			Chair, Boudoir.....	10	1	10	Ash Can.....	7			Vacuum Cleaner.....	2		
Piano, Upright.....	60			Chair, Straight.....	5			Barrel (Glassware).....	10	2	20	Wagon, Child's.....	5		
Piano Bench.....	5			Chair, Rocker.....	5			Basket (Bushel).....	3			Wash Boiler.....	3		
Phonograph.....	15			Chaise Longue.....	25			Basket (Clothes).....	5			Washing Machine.....	25		
Radio, Cabinet.....	12			Chest, Cedar.....	15			Bicycle.....	10			Work Bench.....	20		
Radio, Bench Type.....	5			Chest of Drawers.....	25	1	25	Bird Cage & Stand.....	5			Wringer Bench.....	3		
Radio, Table Model.....	2			Child's Bed.....	10			Boxes.....	2						
Rocker.....	12			Child's Desk.....	10			"	3	4	12	OFFICE			
Rug, Large.....	10	1	10	Child's Rocker.....	3			"	5			Chair, Arm.....	10		
Rug, Small.....	3	1	3	Child's Table & Chairs..	10			"	10			Chair, Stenographer....	5		
Rug, Pad, Large.....	10			Chiffonier.....	25			"	15			Ch. Swivel.....	10		
Secretary.....	35			Chiffonier.....	25			"	20	1	20	Desks, Double.....			
Settee.....	25			Commode.....	10			Buggy, Baby.....	20			Desks, Dbl. Sgl. Ped....	35		
Smoking Stand.....	1			Costumer.....	2			Buggy, Doll.....	5			Desks, Dbl. Dbl. Ped....	50		
Stool, Foot.....	2			Dresser.....	25			Buggy, Folding.....	5			Desks, Single.....			
Studio Couch.....	30	1	30	Dresser, Vanity.....	20	1	20	Cartons.....	2			Desks, Sgl. Sgl. Ped....	30		
Table, Coffee.....	5	1	5	Dresser, Vanity Bench..	3	1	3	"	3			Desks, Sgl. Dbl. Ped....	40		
Table, Davenport.....	15			Hamper, Clothes.....	5			"	5			Desks, Roll Top.....			
Table, Dropleaf.....	12			Lamp, Floor (no shade)...	3	2	4	"	10			Single Pedestal.....	40		
Table, End.....	3			Lamp, Table (no shade) b'd.	2	2	4	Card Table.....	1			Double Pedestal.....	50		
Table, Gate Leg.....	10			Matt., extra, for dbl. bed.	15			Costumer.....	2			Filing Cabinet.....	12		
Table, Library.....	20			Matt., extra, for sgl. bed.	10	2	10	Cot, Folding.....	10			Stationary Cabinet....	30		
Table, Nest.....	5	1	5	Night Table.....	5	2	10	Dzy Bed.....	25			Typewriter.....	2		
Table, Occasional.....	12	1	12	Rug, Large.....	10			Fernery.....	10			Typewriter (boxed)....	3		
Table, Octagon.....	15			Rug, Small.....	3			Folding Chair.....	1			Typewriter Stand.....	5		
Table, Tilt-Top.....	8			Spgs., extra, for dbl. bed.	15			Garden Hose & Tools...	10						
Telephone Stand & Chair..	5	1	5	Spgs., extra, for sgl. bed.	10			Glider.....	20			GRAND TOTAL			
Wall Rack.....	2			Suitcase.....	3			Golf Bag.....	5						
				Trunk, Steamer.....	10			Heater, Coal.....	20						
				Trunk, Wardrobe.....	15			Heater, Gas.....	5						
								Lawr. Mower.....	5						
								Lawn Swing.....	20						
								Mangle, Electric.....	12						

A fair estimate of the total weight of the goods may be obtained by multiplying the total number of cubic feet by 6.5 pounds, i. e., 770 cu. ft. @ 6.5 lbs. per cu. ft. = 5,005 lbs.

(OVER)

16-37998-2 U. S. GOVERNMENT PRINTING OFFICE

308 x
65 lbs.
2002 lbs.

AD-288

U. S. DEPARTMENT OF AGRICULTURE
REQUISITION FOR TELEPHONE SERVICE
 (Submit in Duplicate)

Date April 10, 1946

To: Chief, Telegraph and Telephone Section, Office of Plant and Operations.

FROM: D. N. Hevener, Chief, Space Management Section, Administrative Services Division,
 Budget and Management Branch
 The following telephone service is required for official use in the—

PMA
 (Agency)

Tobacco Branch
 (Branch or Division)

SEE REVERSE FOR DEFINITIONS, INSTRUCTIONS, AND SAMPLE FORM

CONNECT							DISCONNECT						
BRANCH	EXT.	WIRING PLANS			TOTAL INSTR.	LOCATION	BRANCH	EXT.	WIRING PLANS			TOTAL INSTR.	LOCATION
		No.	TYPE	PICK-UP BRANCHES					No.	TYPE	PICK-UP BRANCHES		
2262	1	1	203	2567	2	4509 S	2262	1	1	203	2567	2	503 Annex
DO NOT WRITE BELOW THIS LINE													

REQUISITION No. _____

DATE _____

FOREMAN, TELEPHONE INSTALLERS:

The above requisition has been examined and approved by this office. The installations or relocations indicated are required _____

16-45187-1

 Chief, Telegraph and Telephone Section.

FORM NUMBER: AD-288

TITLE: REQUISITION FOR TELEPHONE SERVICE

ACTUAL SIZE: 8" X 10½"

PRINTED: 1 sheet, both sides

PREPARATION: By administrative officers, Washington. Original only. (Although Form AD-288 indicates that it should be submitted in duplicate, only the original shall be submitted by administrative officers of PMA since the form must be retyped in the Space Management Section of the Administrative Services (AS) Division, Budget and Management (BM) Branch.)

DISTRIBUTION: Chief, Space Management Section, AS Division, BM Branch. Original only.

PROCEDURE COVERING USE: 445.1

DISTRIBUTION: A

4-11-46

DEFINITIONS

1. A branch is a telephone line and instrument connected to the switchboard. (Re 4142.)
2. An extension is an additional instrument on a branch.
3. A wiring plan is a switching device which permits a telephone user to pick up other branches using the same telephone.

INSTRUCTIONS

1. Floor plans showing office layout must accompany this requisition if ten (10) or more telephone instruments are involved. The following information must appear on the plan: Location of desks on which telephones are to appear; the branch number(s) appearing at each desk; coded ○ to indicate nonringing station, coded ® to indicate ringing station; the type of wiring plan; new branches should be indicated as, New Br. (A), New Br. (B), etc. All branch numbers should be followed by R or U to signify a restricted or unrestricted line.
2. A requisition on Public Buildings Administration must be prepared if the change involves drilling holes in the floor.
3. Form AD-236 "Mail and Telephone Information" must be attached giving changes affecting personnel listings.
4. The telephone installer is not permitted to make any changes other than those called for on his formal order. If changes or additions are desired a new requisition must be prepared.
5. The column "Total Instruments" should reflect the total number of telephones having the same branch number—as indicated by the number on the center of the dial.

SAMPLE

CONNECT							DISCONNECT						
BRANCH	EXT.	WIRING PLANS			TOTAL INSTR.	LOCATION	BRANCH	EXT.	WIRING PLANS			TOTAL INSTR.	LOCATION
		NO.	TYPE	PICK-UP BRANCHES					NO.	TYPE	PICK-UP BRANCHES		
1234 U	1				2	5404 S	1234 U	1				2	4054 S

Above is a sample request to move a branch and extension.

	1 on 5678				1	6111 S		1 on 5678				1	6116 S
--	-----------	--	--	--	---	--------	--	-----------	--	--	--	---	--------

Above is a sample request to move one telephone instrument of several on a branch.

6543 R	2	1	203	6544 U	3	5115 S	6543 R	1				2	1551 S
--------	---	---	-----	--------	---	--------	--------	---	--	--	--	---	--------

Above is a sample request to move a branch and one ext. from 1551 S to 5115 S and adding one ext. and one wiring plan.

FORM AD-532
11-8-45

U. S. DEPARTMENT OF AGRICULTURE

(Bureau or Branch)

ANALYSIS OF MAN-MONTHS BY WORK PROGRAMS

BRANCH STAFF OFFICE OR SERVICE DIVISION

DIVISION, SECTION, STATE, ETC.

UNIT

MAN-MONTHS DEVOTED TO WORK PROJECTS

MONTH ENDING

TOTAL BASE PAY EARNED
(26)
XXXXXXXXX
TOTAL MAN-MONTHS
(27)
XXXXXX
NUMBER OF EMPLOYEES
(28)
XXXXXX
SERVICE AND GRADE
(29)
XXXXXX CAF

(31)

(32)

(33)

(34)

(35)

(36)

(37)

(38)

(39)

(40)

(41)

(42)

(43)

(44)

(45)

(46)

(47)

(48)

(49)

(50)

(51)

(52)

(53)

(54)

(55)

(56)

(57)

(58)

(59)

(60)

(61)

(62)

PREPARED BY

TITLE

FORM NUMBER: AD-532

TITLE: ANALYSIS OF MAN-MONTHS BY WORK PROGRAMS

PRINTED: 1 page

Original and one copy, unless other required by Branch Director

Original and one copy to Budget Division, B M Branch, through Branch Director

PROCEDURE COVERING USE: 139.1

DISTRIBUTION: A, L

ACTUAL SIZE: 10 1/2" X 16"

DISTRIBUTION: A,W,L,S,B
10-2-46

ACTUAL SIZE: 8" X 10½"
PRINTED: 1 sheet, both sides.

DISTRIBUTION: A, W-15, L-15
9-23-46

[illegible]

Form 2806-1
December 1939

IMPORTANT.—Read instructions and regulations on back of duplicate before filling in this form.

(ORIGINAL)

DESIGNATION, CHANGE, OR REVOCATION OF BENEFICIARY

To the United States Civil Service Commission,

Washington, D. C.

I, Doe, John A., born on March 6 1900,
(Type or print surname, first, and middle names of employee or annuitant) (Month) (Day) (Year)an annuitant, or employed as Clerk in Department of Agriculture,
(Stenographer, clerk, engineer, etc.) (Department or independent establishment)Washington, D. C.,
(City and State)

revoking any and all previous designations of beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below, to whom I authorize and direct the United States Civil Service Commission of Washington, D. C., to pay at my death any money standing to my credit in the Retirement and Disability Fund:

GIVE COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY <small>Read paragraphs 6, 7, and 8, Instructions</small>	RELATIONSHIP	STATE SHARE TO BE PAID TO EACH BENEFICIARY
<u>Mary E. Doe</u> <u>1348 Ingraham St., N. W.</u> <u>Washington, D. C.</u>	<u>Wife</u>	<u>All</u>

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary or beneficiaries who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. If none survive me, then to my estate.

I hereby specifically reserve the right to remove or change any beneficiary at any time in the manner and form prescribed by the Civil Service Commission, and without the knowledge or consent of the beneficiary. In the event I withdraw the amount to my credit in the Retirement and Disability Fund, this designation of beneficiary shall immediately become null and void for any possible benefits from any future service or otherwise.

(If retired, state Claim No. _____)

If designator cannot write and he signs by mark, the person assisting him should also sign here and give his address.

John A. Doe
(Written signature of designator in full—DO NOT PRINT)1348 Ingraham St., N. W.
(Number and street)Washington, D. C.
(City and State)

WITNESSES

We, the undersigned, having no financial interest in this subject matter, directly or indirectly, hereby certify that we are personally acquainted with the person subscribing thereto, and that this instrument was subscribed in our presence and in the presence of each other on the 25th day of September, 1940, and declared to be his (or her) free act and deed.Don E. Smith
(Signature of witness)1516 N St., N. W.
(Number and street)Washington, D. C.
(City and State)Jack A. Jones
(Signature of witness)1826 S. St., N. W.
(Number and street)Washington, D. C.
(City and State)

(THIS SPACE IS RESERVED FOR THE USE OF THE CIVIL SERVICE COMMISSION)

IMPORTANT.—THE DESIGNATOR SHOULD FILL IN THE RETURN ADDRESS BLANKS AT BOTTOM OF
DUPLICATE IN ORDER TO INSURE RECEIPT OF DUPLICATE COPY FOR PRESERVATION AND FUTURE
REFERENCE.

16-2837

U. S. GOVERNMENT PRINTING OFFICE

(OVER)

FORM NUMBER: CSC FORM 2806-1

TITLE: DESIGNATION, CHANGE, OR REVOCATION
OF BENEFICIARY

ACTUAL SIZE: 8" X 10½"

PRINTED: 1 sheet with duplicate
attached.

PREPARATION: Original and duplicate prepared by designator.

DISTRIBUTION: Original and duplicate forwarded directly to Civil Service Commission. Duplicate, after being date stamped, is returned to designator by the CSC for preservation and future reference.

PROCEDURE COVERING USE: 324.1

DISTRIBUTION: A, W, L, S, B
9-23-46

Form 3012
U. S. CIVIL SERVICE COMMISSION
May 1942

Claim CSD _____

APPLICANT MUST FILL OUT THIS PAGE ONLY
(READ CAREFULLY INSTRUCTIONS ON BACK)
APPLICATION FOR SERVICE CREDIT

September 25, 1946

(Date)

To THE UNITED STATES CIVIL SERVICE COMMISSION,
Washington, D. C.

I hereby make application to redeposit refunds of retirement deductions previously paid and/or to deposit for periods of temporary, excepted, unclassified, or military service for which deductions were not taken from my salary, as follows:

REFUND OF DEDUCTIONS

State below the service for which deductions have been refunded:

DEPARTMENT, BRANCH, OR INDEPENDENT OFFICE WHERE THEN EMPLOYED	BEGINNING—			ENDING—			REMARKS
	Month	Day	Year	Month	Day	Year	
Bureau of Internal Revenue Treasury Department	8	1	20	3	15	23	

TEMPORARY—UNCLASSIFIED—EXCEPTED—MILITARY SERVICE

State below the service claimed for which deductions have not been made:

DEPARTMENT, BRANCH, OR INDEPENDENT OFFICE WHERE THEN EMPLOYED	BEGINNING—			ENDING—			POSITION
	Month	Day	Year	Month	Day	Year	
Bu. Plant Industry, Dept. Agric.	6	1	28	8	31	28	Clerk
Bu. Internal Revenue, Treasury	10	1	30	6	30	31	Clerk

Deductions have been made from my salary for the retirement fund in my present position of Clerk
in Prod. and Mktg. Adm., Dept. of Agriculture
since July 1, 1931

Remarks (See note #6 on page 4) Payment in lump sum

October 1, 1880

(Date of birth)

John R. Dae

(Signature of applicant in full)

1321 K. Street, N. W.

(Number and street)

Washington, D. C.

(City and State)

16-3076-1

FORM NUMBER: CSC FORM 3012
TITLE: APPLICATION FOR SERVICE CREDIT

ACTUAL SIZE: 8" X 10½"
PRINTED: 3 pages.

PREPARATION: By applicant in an original only.

DISTRIBUTION: Applicant forwards to appropriate fiscal office.

PROCEDURE COVERING USE: 324.1

DISTRIBUTION: A,W,L,S,B
9-23-46

CERTIFICATE OF ADMINISTRATIVE OFFICER

Page 2

THIS IS TO CERTIFY that John R. Doe, born on October 1, 1880
 applicant for service credit, is now employed as Clerk
 in Department of Agriculture at Washington, D. C.
 (Department, branch, or independent office) (Location)
 and that deductions have been made from his salary for the retirement fund since July 1, 1931

SCHEDULE 1

That the following is a schedule of employment since August 1, 1920, for which service credit is claimed: (State whether compensation was on an annual, monthly, daily, hourly, or piecework basis. Do not include bonuses, allowances, overtime pay, nor salary, pay, or compensation given in addition to the base pay of the positions as fixed by law or regulation. Do not include in this schedule rate of pay covering periods for which refund has been made. See par. 8 of General Instructions on p. 4.)

DEPARTMENT, BRANCH, OR INDEPENDENT OFFICE	BEGINNING—			ENDING—			RATE		PER—
	Month	Day	Year	Month	Day	Year	Dollars	Cents	
Bu. Int. Rev., Treas. Dept., D.C.	8	1	20	3	15	23	Refunded		
Bu. Plant Ind., Dept. Agric.	6	1	28	8	31	28	1200	00	pa
Bu. Int. Rev., Treas. Dept.	10	1	30	6	30	31	1200	00	pa

SCHEDULE 2

That the following is a statement showing the aggregate basic salary, pay, or compensation paid the applicant by fiscal years during period for which service credit is claimed: (Do not include in this schedule periods for which refund has been made. See par. 9 of General Instructions on p. 4.)

FISCAL YEAR ENDING—	PERIOD IN SERVICE						AGGREGATE BASIC SALARY, PAY, OR COMPENSATION (100%)		TONTINE	THIS SPACE RE- SERVED FOR THE CIVIL SERVICE COMMISSION	
	BEGINNING—			ENDING—							
	Month	Day	Year	Month	Day	Year					
June 30, 1921							\$.				
June 30, 1922											
June 30, 1923											
June 30, 1924											
June 30, 1925											
June 30, 1926											
June 30, 1927											
June 30, 1928	6	1	28	6	30	28	100	00			
June 30, 1929	7	1	28	8	31	28	200	00			
June 30, 1930	10	1	30	6	30	31	900	00	9.00		
June 30, 1931											
June 30, 1932											
June 30, 1933											
June 30, 1934											
June 30, 1935											
June 30, 1936											
June 30, 1937											
June 30, 1938											
June 30, 1939											
June 30, 1940											
June 30, 1941											
June 30, 1942											
June 30, 1943											
June 30, 1944											
June 30, 1945											
June 30, 1946											
June 30, 1947											

1. Deductions were not made because of Temporary and excepted appointments
 (State whether temporary, excepted,

or unclassified status, or administrative error)

16-3676-1

SCHEDULE 3

(See par. 10 of General Instructions on p. 4.)

That applicant is presently employed within the provisions of the Retirement Act and deductions made from his salary during the periods shown in the following schedule remain to his credit in the retirement fund:

DEPARTMENT, BRANCH, OR INDEPENDENT OFFICE	BEGINNING—			ENDING—			EMPLOYED AS—
	Month	Day	Year	Month	Day	Year	
Department of Agriculture	7	1	31	To date			clerk

That the foregoing statement, based on the official records of this office, is correct, and that, to the best of my knowledge and belief, the applicant for service credit herein named is justly entitled to the service credit claimed.

Countersigned _____, 19____

(Signature)

(Official title)

Henry H. Smith
(Signature)

Retirement Clerk

(Official title)

Production and Marketing Adm.
Department of Agriculture
(Department, branch, or independent office)

SPACE BELOW IS RESERVED FOR USE OF THE CIVIL SERVICE COMMISSION

			TONTINE				TONTINE				TONTINE	
	Dollars	Cents	Dollars	Cents	Dollars	Cents	Dollars	Cents	Dollars	Cents	Dollars	Cents
Deductions												
Interest												
Total												
Total computed to												
Examined by	_____ and _____											
Computed by	_____ and _____											

Recomputed to _____

Interest allowed from _____

Deductions and/or redeposit _____ \$ _____

Interest computed to _____

TOTAL _____

Interest allowed on payments _____

Total amount due as service credit _____

Previously paid _____

Balance due to complete payment _____

Tontine _____

Interest computed to _____

TOTAL TONTINE ACCOUNT _____

Form 3037
U. S. CIVIL SERVICE COMMISSION
Form approved by
Comptroller General, U. S.
April 12, 1937

**STATEMENT OF ACCOUNT OF OVERDRAWN
ANNUAL AND/OR SICK LEAVE**
(United States Civil Service Retirement and Disability Fund)

Subvoucher No. _____

September 25, 1946
(Date)

To THE UNITED STATES CIVIL SERVICE COMMISSION,
Washington, D. C.

Doe, John A., formerly employed as Clerk-Stenographer
(Name) (Position)

in U. S. Department of Agriculture, at Washington, D. C.
(Department or establishment, bureau, or office) (City and State)

became absolutely separated from the Civil Service of the United States on September 5, 1946

because of Resignation
(Reason for separation)

At time of separation ^{he}~~she~~ was indebted to the United States on account of overdrawn leaves in the gross amount of \$24.33
Withholding Tax 1.00

including retirement deductions of \$1.00, as shown by the following statement:

Kind of Leave	Leave Used Current Year Plus Un- earned Advance Sick Leave from Prior Years			Leave Earned Current Year to Date of Separation Plus Leave Accumu- lated from Prior Years			Unaccrued Leave Used			Actual Time Paid for Unaccrued Leave		
	Days	Hours	Minutes	Days	Hours	Minutes	Days	Hours	Minutes	Days	Hours	Minutes
Annual	23	4	0	19	4		4	0	0	4	0	0
Sick												
Totals	23	4	0	19	4		4	0	0	4	0	0

Actual dates paid for unaccrued annual leave

Actual dates paid for unaccrued sick leave

(These dates should equal the time paid for unaccrued leave)

From—	To—	Rates	From—	To—	Rates
August 9, 1946	August 12, 1946	\$1800			

Number of hours included in normal work day _____

*1. Employee had been paid in full for services rendered at time of separation.

~~*2. Liquidated by pay-roll collection or otherwise (95% only) prior to July 1, 1942) & _____ D. O. Voucher~~

No. _____ of the account of _____ for the period _____
(Disbursing office) (Symbol)

Balance due appropriation, \$23.33 Symbol and title of appropriation to be credited

Symbol 200-9100 1268080(48).001 Adm. Expenses, CCC, Dept. of Agriculture 1947 (PMA)

The former employee has (not) been advised of this indebtedness.

John H. Smith
(Signature)

Official title Authorized Certifying Officer
Production and Marketing Administration
Dept. of Agriculture
(Department or independent office)

*Cross out one not applicable.

U. S. GOVERNMENT PRINTING OFFICE

16-0081-1

FORM NUMBER: CSC FORM 3037

ACTUAL SIZE: 8" X 10½"

TITLE: STATEMENT OF ACCOUNT OF OVERDRAWN
ANNUAL AND/OR SICK LEAVE

PRINTED: 1 sheet, front only.

PREPARATION: Original by appropriate fiscal office.

DISTRIBUTION: To Civil Service Commission.

PROCEDURE COVERING USE: 324.1

DISTRIBUTION: A, W-15, L-15
9-23-46

Ret. Form 3471
U. S. CIVIL SERVICE COMMISSION
January 1940

MEMBERSHIP No. CSV _____

DO NOT WRITE ABOVE THIS LINE

ELECTION TO MAKE VOLUNTARY CONTRIBUTIONS

(Read carefully instructions on back)

September 25, 1946

(Date)

To the UNITED STATES CIVIL SERVICE COMMISSION,
Retirement Division,
Washington, D. C.

I, John A. Doe, born September 8 1889,
(One given name, initial or initials, if any, last name) (Month) (Day) (Year)

presently employed in a position under the purview of the Retirement Act of May 29, 1930, as _____

Administrative Assistant

(Present position)

at \$3773.40 per annum

(Basic salary, pay, or compensation)

in Production and Marketing Adm.

(Bureau or agency)

U. S. Department of Agriculture

(Department or independent establishment)

located at Washington, D. C., hereby elect to make
(City and State)

voluntary contributions to the Civil Service Retirement and Disability Fund in multiples of \$25 but not to exceed 10 per centum per annum of my annual aggregate basic salary, pay, or compensation for service rendered since August 1, 1920, in accordance with the provisions of Section 4, Act of August 4, 1939.

It is requested that I be supplied with the proper identification forms to be transmitted by me direct to the Civil Service Commission, Washington, D. C., with each deposit of \$25 or multiple thereof.

Voluntary contributions, with interest as prescribed by law, shall, at the date of my retirement, be available to purchase additional annuity and is not to be considered as part of any service credit deposit or redeposit in accordance with the provisions of Sections 9 and 12 (b), Act of May 29, 1930.

John A. Doe
(Applicant's signature in full)

1621 Buchanan St., N. W.

(Number and street)

Washington, D. C.

(City and State)

16-11117

FORM NUMBER: CSC FORM 3471

TITLE: ELECTION TO MAKE VOLUNTARY CONTRIBUTIONS

ACTUAL SIZE: 8" x 10½"

PRINTED: 1 page

PREPARATION: By applicant in an original only.

DISTRIBUTION: Applicant forwards original directly to Civil Service Commission.

PROCEDURE COVERING USE: 324.1

DISTRIBUTION: A, W, L, S, B
9-23-46

[illegible]

DISTRIBUTION: A, W, L, B, S.
4-30-46

Form PMA-291a
(9-20-46)U. S. DEPARTMENT OF AGRICULTURE
PRODUCTION AND MARKETING ADMINISTRATION**INSTRUCTIONS TO PACKAGING AND PROCESSING CONTRACTORS**
(Preparation and Distribution of PMA-291, Weekly Performance Report)**I WHO PREPARES PMA-291**

All packagers and processors who enter into packaging and/or processing contracts with PMA or CCC prepare this form as a means of submitting to PMA weekly reports of performance under such contracts. Form PMA-291 supersedes form CCC-201 and all other progress report forms heretofore required from packaging and processing contractors, but does not replace any form required in support of a claim for payment.

II WHEN TO PREPARE PMA-291

Prepare the form at the close of business each week until the contract is completed and all rejected or accepted raw commodity and/or processed commodity has been shipped from the plant.

III HOW TO PREPARE PMA-291**A General**

- 1 Prepare the form on a typewriter.
- 2 Prepare the form in an original and 5 copies. Be certain that all carbons are legible.
- 3 Show all quantity entries in pounds, but enter "none" for any item for which there is no activity to report.
- 4 Consider the commodity as in the raw state until packaging and/or processing is completed and the commodity is awaiting shipment.
- 5 Insert above the word "Pounds" in Section I the name of the raw commodity involved in the report.
- 6 No entry is required where "xxxx" appears.

B Numbered Items on PMA-291 - Each of the paragraphs below is numbered to coincide with the related item on PMA-291. The omitted paragraph numbers represent items on the form that are self-explanatory.

- 1 Insert the date the report is prepared.
- 2 Prepare reports by contracts and number the reports for each contract in numerical sequence beginning with number 1. The first weekly report for each contract will be number 1; the second report for each contract will be number 2, etc.
 - a When CCC-201, "Weekly Report for Processing or Packaging Activities", has been submitted for a contract, number the forms PMA-291 for that contract in the same sequence; for example, if the last CCC-201 for a contract was Report Number 6, the first PMA-291 for the same contract will be Report Number 7.
 - b On the last report for a contract, insert the word "FINAL" in item 2 with the report number; for example, "12 FINAL".
- 4 For the purpose of this report consider Sunday as the first day of the report period and Saturday as the last day.
- 5 Insert the name of the finished commodity as shown in the contract.
- 6 The address should be the address of the plant regardless of the location of the contractor's headquarters.
- 7 For the first report under a contract insert "None". In case of a contract for which reports have previously been submitted and for which PMA-291 is being used for the first time, enter amount received as of the last day of the previous week as shown by contractor's records.
- 10 Use a separate line for each different unit called for in the contract and insert the type and size of container in the box at the left of column (a); for example, "5 ounce cans." Insert in column (a) the quantity of finished commodity shipped during the week and in column (b) the quantity shipped to date. Total finished commodity in column (a) should equal total of 27(e).
- 11 Insert the SHIPPED quantity of RAW commodity which upon receipt or during operations

FORM NUMBER: PMA-291a

TITLE: INSTRUCTIONS TO PACKAGING AND PROCESSING
CONTRACTORS (Preparation and Distribution
of PMA-291, Weekly Performance Report)

ACTUAL SIZE: 8" X 10½"

PRINTED: 1 sheet, both sides.

PREPARATION: None.

DISTRIBUTION: Contracting branch distributes, or arranges with Administrative Services Division to distribute, 1 copy to each recipient of affected announcements and 3 copies to each contractor.

PROCEDURE COVERING USE: 127.13

DISTRIBUTION: A, W, L (except L-21;26), B (except B-24)

10-8-46

was REJECTED as unfit for processing. Insert in column (a) the quantity of rejected raw material shipped during the week and in column (b) the quantity shipped to date. The entry in column (a) should equal the total of entries in 28(e).

13 Insert in column (a) the TOTAL quantity of FINISHED commodity on hand and AWAITING SHIPMENT at the close of the reporting period. Do not include quantities properly entered in 14, 15, and 16. See also item 10 above concerning use of separate line for each type of unit.

14 Insert in column (a) the TOTAL quantity of raw commodity and completely or partially packaged and/or processed commodity for which operations have been suspended because there is a question about the commodity PENDING receipt of INSTRUCTIONS from the contracting branch. Completed commodity about which there is no question but which is merely awaiting routine shipping instructions should not be included. Do not include any quantities properly shown elsewhere on page 1 as on hand. If any completely packaged or processed commodity is included, indicate in item 22 the quantity so included and the reason therefor.

15 Insert in column (a) the TOTAL quantity of RAW commodity ON HAND and awaiting packaging and or processing at the close of the reporting period. Include partially packaged and/or processed commodity not properly entered in 14 and 16.

16 Insert in column (a) the TOTAL quantity of RAW commodity which has been REJECTED as unfit and which remained UNSHIPED at the close of the reporting period.

19 To determine the entry for column (b), compute the difference between the entry in item 9 and the entry in column (b) of item 18. Prefix this difference with a minus sign if item 9 is the larger or a plus sign if item 9 is the smaller of the two items.

20 Column (a) is the amount shipped during the week. Column (b) is the amount shipped to date.

21 Insert in column (a) the total quantity of salvaged waste material on hand at the end of the reporting period. Insert "xxxx" in column (b).

22 For each remark indicate clearly by number the item to which it applies. Indicate in this space by name the days the plant did not operate for packaging or processing. Confine the space to remarks pertinent to the information called for on the form.

23 Insert the actual date of signing, even if different from item 1.

24 Inspector should sign original in ink or indelible pencil, but copies may be carbon signed. If no inspector is on duty at the plant, the contractor should insert "(none)".

25 A responsible representative of the contractor should sign the original in ink or indelible pencil, but may sign copies in carbon.

26 Enter detail information concerning raw commodity received into plant since previous weekly report. Do not include cars on track. In 26(b) show car number or warehouse lot number. In 26(d) enter vendor's contract number or the warehouse name. The total of 26(e) should equal the entry in 8.

28 Show car number or truck license number in 28(b). Show order number or authority for shipment in 28(c).

29 Note that entries reported in this section represent quantities not included in any other item.

IV HOW TO DISTRIBUTE PMA-291

A Immediately after the close of each weekly reporting period, distribute the forms as follows, unless otherwise specified by the contracting officer who signed the contract for PMA or CCC.

1 Send original and 1 copy to the contracting officer named in the contract, at his address as given in the contract or announcement.

2 Send 2 copies to the SS Branch field office serving the area in which the plant is located. Consult Form PMA-85, "Directory of Shipping and Storage Field Offices", for the address.

3 Send 1 copy to the fiscal office in the area in which the plant is located. Consult Form PMA-301, "Directory of Area Fiscal Offices", for the address.

4 Retain 1 copy for contractor's files.

V WHERE TO OBTAIN SUPPLIES OF PMA-291, 291a, 85, AND 301

Supplies of these forms will be furnished with the announcement or at the time the contract is executed by PMA or CCC. Additional copies may be obtained from the contracting officer who signed the contract.

Form PMA-301
(9-19-46)U. S. DEPARTMENT OF AGRICULTURE
PRODUCTION AND MARKETING ADMINISTRATION

DIRECTORY OF AREA FISCAL OFFICES

ADDRESS	AREAS SERVED	
MIDWEST AREA OFFICE		
Midwest Area Office, Fiscal Branch, PMA U. S. Department of Agriculture Mallers Building 5 South Wabash Avenue Chicago 3, Illinois	Illinois Indiana Iowa Kansas <u>1/</u> Michigan Minnesota	Missouri Nebraska North Dakota Ohio South Dakota Wisconsin
WESTERN AREA OFFICE		
Western Area Office, Fiscal Branch, PMA U. S. Department of Agriculture Pacific Building 821 Market Street San Francisco 3, California	Arizona California Colorado <u>1/</u> Idaho Montana Nevada	New Mexico <u>1/</u> Oregon Utah Washington Wyoming
SOUTHEAST AREA OFFICE		
Southeast Area Office, Fiscal Branch, PMA U. S. Department of Agriculture 449 West Peachtree Street Atlanta 3, Georgia	Alabama Florida Georgia Kentucky Mississippi	North Carolina South Carolina Tennessee Virginia <u>2/</u>
SOUTHWEST AREA OFFICE		
Southwest Area Office, Fiscal Branch, PMA U. S. Department of Agriculture Wilson Building Dallas 1, Texas	Arkansas Colorado <u>2/</u> Kansas <u>2/</u> Louisiana	New Mexico <u>2/</u> Oklahoma Texas
NORTHEAST AREA OFFICE		
Northeast Area Office, Fiscal Branch, PMA U. S. Department of Agriculture 150 Broadway New York 7, New York	Connecticut Delaware Maine Maryland Massachusetts New Hampshire New Jersey	New York Pennsylvania Rhode Island Virginia <u>1/</u> Vermont West Virginia
<u>1/</u> Fruits and Vegetables only <u>2/</u> All Commodities Except Fruits and Vegetables		

FORM NUMBER: PMA-301

TITLE: DIRECTORY OF AREA FISCAL OFFICES

ACTUAL SIZE: 8" X 10 1/2"

PRINTED: 1 side

PREPARATION: None.

DISTRIBUTION: By Administrative Services Division, Budget and Management Branch, to:

- (a) Individuals or firms selling to PMA or CCC.
- (b) Processors, packagers, and firms or individuals performing related services.

PROCEDURE COVERING USE: 127.13, 127.14

DISTRIBUTION: A,W,L,S,B

10-9-46

Section 1		Section 2	
1.1	1.2	2.1	2.2
1.3	1.4	2.3	2.4
1.5	1.6	2.5	2.6
1.7	1.8	2.7	2.8
1.9	1.10	2.9	2.10
1.11	1.12	2.11	2.12
1.13	1.14	2.13	2.14
1.15	1.16	2.15	2.16
1.17	1.18	2.17	2.18
1.19	1.20	2.19	2.20
1.21	1.22	2.21	2.22
1.23	1.24	2.23	2.24
1.25	1.26	2.25	2.26
1.27	1.28	2.27	2.28
1.29	1.30	2.29	2.30
1.31	1.32	2.31	2.32
1.33	1.34	2.33	2.34
1.35	1.36	2.35	2.36
1.37	1.38	2.37	2.38
1.39	1.40	2.39	2.40
1.41	1.42	2.41	2.42
1.43	1.44	2.43	2.44
1.45	1.46	2.45	2.46
1.47	1.48	2.47	2.48
1.49	1.50	2.49	2.50
1.51	1.52	2.51	2.52
1.53	1.54	2.53	2.54
1.55	1.56	2.55	2.56
1.57	1.58	2.57	2.58
1.59	1.60	2.59	2.60
1.61	1.62	2.61	2.62
1.63	1.64	2.63	2.64
1.65	1.66	2.65	2.66
1.67	1.68	2.67	2.68
1.69	1.70	2.69	2.70
1.71	1.72	2.71	2.72
1.73	1.74	2.73	2.74
1.75	1.76	2.75	2.76
1.77	1.78	2.77	2.78
1.79	1.80	2.79	2.80
1.81	1.82	2.81	2.82
1.83	1.84	2.83	2.84
1.85	1.86	2.85	2.86
1.87	1.88	2.87	2.88
1.89	1.90	2.89	2.90
1.91	1.92	2.91	2.92
1.93	1.94	2.93	2.94
1.95	1.96	2.95	2.96
1.97	1.98	2.97	2.98
1.99	1.100	2.99	2.100

Form PMA-L-15

UNITED STATES DEPARTMENT OF AGRICULTURE
Production and Marketing Administration

Dear

Subject: Retirement - Application for Refund

The Application for Refund of Retirement Deductions, CSC Form 3005, which you submitted to this agency was forwarded to the Civil Service Commission on _____. Your Retirement Record Card, CSC Form 2806, has also been transmitted to that agency; therefore, all forms necessary for the processing of your application have been sent to the Commission. You will receive your refund direct from that agency.

Any further inquiry concerning your application for refund should be addressed to the Retirement Division, United States Civil Service Commission, Washington, 25, D. C.

Sincerely yours,

FORM NUMBER: Form PMA-L-15
TITLE: RETIREMENT - APPLICATION FOR REFUND

ACTUAL SIZE: 8" X 10½"
PRINTED: 1 sheet, front only.

PREPARATION: Original by appropriate fiscal office.

DISTRIBUTION: To former employee.

PROCEDURE COVERING USE: 324.1

DISTRIBUTION: A,W-15, L-15
9-30-46

Standard Form No. 1012 (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

GENERAL TRAVEL

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT
OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. LEAVE BLANK
Bu. Vou. No. LEAVE BLANK

1 U. S. DA-PMA (name of branch or office)
(Department, bureau, or establishment)
THE UNITED STATES, DR.,
2 To John A. Doe
Address 3012 Calder Street
Chicago, Illinois
3
4 Chicago, Illinois (LEAVE BLANK)
(Official duty station) (Residence (For use of Postal Service only))

PAID BY
LEAVE BLANK
(For use of paying office)

5 FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from August 1, 1945 to August 31, 1945, as per itemized statement within, under authority No. MW-110 dated July 27, 1945, copy of which is attached,* or has been previously furnished with Voucher No. , paid , 19 , by (Name of disbursing officer)

AMOUNT CLAIMED 6		
FOR—	DOLLARS	CENTS
Subsistence	119	22
Other	29	25
Travel	16	35
TOTAL	164	82

I CERTIFY that the above account and schedule annexed are true and just in all respects; that payment therefor has not been received; that my statements of travel performed by the means herein set forth correctly reflect travel performed by me on official business; and that, except as otherwise indicated above, no part of the travel for which compensation is claimed was performed within the corporate limits of my official station or post of duty.

I further certify, if applicable, that I actually incurred or paid (except as otherwise explained) the actual operating expenses of the motor vehicle indicated, for which commutation is claimed on a mileage basis.

(Payee must not use this space)

Differences

Amount verified; correct
for

(Signature or initials)

SIGN
ORIGINAL
ONLY

Payee

Date

7 Title

PENALTY FOR PRESENTING FRAUDULENT CLAIM.—Fines of not more than \$10,000 or imprisonment for not more than 10 years or both. (See 52 Stat. 197; U. S. C. 18:90.)

FORFEITURE OF FRAUDULENT CLAIM.—Falsification of an item in an expense account works a forfeiture of the entire claim. (See 36 Stat. 1141; U. S. C. 28: 279, 280; 18 Comp. Gen. 603.)

(TO BE USED AT DISCRETION OF DEPARTMENT, BUREAU, OR ESTABLISHMENT)

RECOMMENDED FOR APPROVAL:

8

(Immediate supervising official)

Pursuant to authority vested in me as an authorized certifying officer, I certify that the official headquarters of the claimant is as stated above; that the travel was authorized in advance (unless otherwise noted) from and to the points stated in the account, and for the period and at the subsistence rate or rates claimed; and that the amounts claimed are just and reasonable, except as noted.

The next previous voucher paid under the same travel authority was: D. O. Vou. No. , paid (Date)

APPROVED FOR \$ LEAVE BLANK

LEAVE BLANK

SIGN
ORIGINAL
ONLY

(Authorized certifying officer)

Date , 19

Title

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE				LIMIT'N OR PROJ'T (Amount)	APPROPRIATION (Amount)	
	LEAVE BLANK						
ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION		
			SYMBOL	AMOUNT	SYMBOL	AMOUNT	
		LEAVE BLANK					

Paid by { Check No. (Blank), dated , 19 , for \$, on Treasurer of the United States in favor of payee named above.
{ Cash, \$, on , 19 ,

SIGN
ORIGINAL
ONLY

(Signature of payee)

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary. otherwise, the approving officer will sign in the blank space below "Approved for \$" and over his official title.

16-42614-1

FORM NUMBER: STANDARD FORM 1012 (Revised)
TITLE: VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT OF
EXPENSES INCIDENT TO OFFICIAL TRAVEL

ACTUAL SIZE: 8 1/2" X 11"
PRINTED: 1 sheet, both sides (back of form
shown on reverse of this sheet.)
(SF 1012-b, 1 sheet, both sides)

PREPARATION: Original and two copies.

DISTRIBUTION: All copies to appropriate accounting through which the voucher will be paid through
appropriate supervising official.

PROCEDURE COVERING USE: 218.1

DISTRIBUTION: A, W, L, S (except S-14), 6

11-9-16

9

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF
ITEMS ARE NUMEROUS

1. Date and hour of departure from official headquarters July 28, 1945 11:59 p. m.
(Date) (Hour)
2. Give duty status on first day of voucher period:
Arrived at Detroit, Michigan on 7:50 a. m. July 29, 1945, for temporary duty for approximate period
Approximate date of return to official headquarters 19

10 DATE 19 45	11 CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	12 SUB- VOU. NO.	13 AMOUNT CLAIMED	
			13 SUSTENANCE	14 OTHER
8/1	On duty at Detroit, Michigan (15)			
8/3	Car fare, office to Blank Mfg. Co. (16)			10
	Long distance telephone call to James Roe, Minneapolis, Minn. 5 minutes, receipt attached - "I certify that the long distance telephone call described above was necessary on account of official business, was not personal, and was in the interest of the Government." (Signed) John A. Doe (18)	1	17	20
	Taxi, Blank Mfg. Co. to office It was necessary to use a taxi because of the large quantity of papers and fragile samples to be carried to the office. (19)			60
8/5	Hire of automobile from U-Drive Co., for contacting farmers in rural area around Detroit. Cash payment demanded. No common carrier available. (20)	2		00
8/6	On annual leave. (Left duty status 12 midnight, Aug. 5)			
8/7	Returned to duty status, 10:00 a. m. (21)			
TOTALS (to be carried forward to continuation sheet, if necessary)				5 90

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.

**When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.

†If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/H NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL		FOR REIMBURSABLE ITEMS ONLY		
				FROM— (41) (Also show meter readings when travel was by automobile)	TO— (42)	MILES TRAVELED BY AUTO. (43)	RATE PER MILE (Cents) (44)	AMOUNT CLAIMED Include cash paid public carrier (45)
			8/23-4	37,201 Chicago, Ill.	37,502 Louisville, Ky.	301	05	
			8/26	37,560 Louisville, Ky.	37,677 Indianapolis, Ind.	117	05	21 00 (See Item
			8/27	37,701 Indianapolis, Ind.	37,887 Chicago, Ill.	186	05	36)
			8/28*	37,920 Chicago, Ill.	37,958 Aurora, Ill.	38	05	1 90
				37,958 In and around Aurora	37,985	27	05	1 35
				37,985 Aurora, Ill.	38,007 Elgin, Ill.	22	05	1 10
				38,025 Elgin, Ill.	38,064 Chicago, Ill.	39	05	1 95
*Privately owned automobile was used in connection with above travel on Aug. 28, since official business had to be transacted in rural areas to which common carrier service was not available.								
TOTAL MILEAGE COMPUTATIONS (to be carried forward to continuation sheet, if necessary)								27 30

*Railroad, steamship, airplane, bus, motor vehicle, etc. Abbreviate class of service or accommodations used—Railroad: F, first class; I, intermediate; M, mixed; C, coach; P, pullman accommodations; DR, drawing room; CP, compartment; BR, bedroom; SOS, single occupancy section; SEC, section; LB, lower berth; UP, upper berth; S, seat.
Motor vehicle: GA, Government automobile or motorcycle; PO, privately owned automobile or motorcycle.

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER—Continuation Sheet #1

Use single space if items are numerous

DATE	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB- VOU. No.	AMOUNT CLAIMED	
			SUBSISTENCE	OTHER
1945.	Payee John A. Doe			
	BROUGHT FORWARD			
	Telegram - Detroit to Cleveland, official - copy attached (22)	3	--	5 90
	Left Detroit, Michigan 4:25 p. m.			60
	Purchased with cash Pullman seat, Adrian to Chicago - see attached stub. Payment was made in cash since last transportation request in my possession was used for railroad ticket. Detroit to Chicago (23)	4		1 20
	(Amount claimed is exclusive of tax. Form 731-Rev. issued)			
	Arrived Chicago, Illinois 8:50 p. m. (24)			
	Note: Train was 40 minutes late (25)			
8/7	Taxi, station to residence (25)			60
	Per diem allowance: 12:01 a. m. Aug. 1 to 8:50 p. m. Aug. 7 (Annual leave Aug. 6 to 10:00 a. m. Aug. 7) 5-3/4 days @ \$6.00 (26)		34 50	
8/8	Left Chicago, Illinois, 10:00 a. m. traveling in automobile owned by William Jones (Div. of Crops) - no claim made for transportation while traveling with Mr. Jones (27)			
	Arrived Elgin 11:15 a. m.			
	Left Elgin, Illinois, 3:45 p. m., Greyhound Bus - fare (amount claimed is exclusive of tax, Form 731-Rev. issued)			75
8/9	Arrived Chicago 4:55 p. m. (28)			
8/14	Left Chicago, Illinois 9:30 p. m.			
	Taxi, residence to airport			90
8/15	Arrived Portland, Oregon 10:17 a. m.			
	Checked baggage (29)			10
	Taxi, airport to Ansell Mfg. Co.			60
	3 local telephone calls at \$.05 - official business (30)			15
8/16	Stenographic services necessary in connection with special report required immediately by Administrator in Washington - dictation and transcribing report, 2 hours at \$1.00 per hour. Cash payment demanded. Receipt attached. (31)	5		2 00
	Emergency purchase of ruled pads and pencils. Receipt attached. Time did not permit procuring above supplies from headquarters or field office. Vendor demanded cash. (32)	6		1 25
	Air mail stamps to mail report to Washington			30
8/19	On annual leave (1:00 p. m. to 3:00 p. m.) (33)			
TOTALS (to be carried forward to continuation sheet, if necessary)			34 50	14 35

Standard Form No. 1012b—Revised, Form prescribed by Comptroller General, U. S., October 20, 1944, General Regulations No. 88—Revised.

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER—Continuation Sheet #2

Use single space if
items are numerous

DATE	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB- VOU. No.	AMOUNT CLAIMED	
			SUBSISTENCE	OTHER
10. 45	Payee John A. Doe			
	BROUGHT FORWARD		34 50	14 35
8/20	In and around Portland, Oregon, in Government automobile - Motor No. 438,629, License No. A-4621. Purchased: 5 gals. gasoline @ 18¢ per gal., 1 qt. oil @ 25¢ per qt. (receipt attached) Amount claimed is exclusive of State and Federal tax: Certificate No. 1,457,321 (State tax - to vendor) (34) " " 1,457,322 (Federal tax - to vendor)	7		1 15
8/21	Left Portland, Oregon 6:10 p. m.			
	Taxi, hotel to airport			60
8/22	Arrived Chicago, Illinois 8:42 a. m.			
	Taxi, airport to office			90
	Per diem allowance 9:30 p. m. Aug. 14 to 8:42 a. m. Aug. 22 - 7-3/4 days at \$6.00 See attached comparative cost statement for Justification of Air Travel, Form AD-154 (Forms Manual) (35)		46 50	
8/23	Left Chicago, Illinois (in privately owned automobile) 4:00 p. m. (See bottom portion - page 2, this form)			
8/24	Arrived Louisville, Kentucky 9:00 a. m.			
8/26	Left Louisville, Kentucky 12:30 p. m.			
	Arrived Indianapolis, Indiana 3:30 p. m.			
8/27	Left Indianapolis, Indiana 5:30 p. m.			
	Arrived Chicago, Illinois 10:00 p. m. See statement of travel on page 2 of this form 1012 - Claim is for railroad fare and Pullman (36)			21 00
	Rail fare Chicago to Louisville and return \$15.15 Pullman, lower berth, Chicago to Louisville 2.86 Pullman, seat, Louisville to Indianapolis .55 Pullman, lower berth, Indianapolis to Chicago 2.65 TOTAL 21.00			
	Claim for per diem is based on following rail schedule which would have been used if travel had been performed by rail: (37)			
	Aug. 23 Lv. Chicago 11:30 p. m.			
	" 24 Ar. Louisville 7:15 a. m.			
	" 26 Lv. Louisville 1:00 p. m.			
	" 26 Ar. Indianapolis 3:40 p. m.			
	" 27 Lv. Indianapolis 2:20 a. m.			
	" 27 Ar. Chicago 7:00 a. m.			
TOTALS (to be carried forward to continuation sheet, if necessary) TOTAL FORWARDED			81 00	38 00

Standard Form No. 1012b—Revised, Form prescribed by Comptroller General, U. S., October 20, 1944, General Regulations No. 46—Revised.

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER—Continuation Sheet #3

Use single space if
items are numerous

DATE	CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB- VOL. No.	AMOUNT CLAIMED	
			SUBSISTENCE	OTHER
19 45	Payee John A. Doe			
	BALANCE BROUGHT FORWARD		81 00	38 00
	Per diem claimed from 11:30 p. m. Aug. 23 to 7:00 a. m. Aug. 27 - 3-3/4 days at \$6.00		22 50	
8/28	Travel in privately owned automobile to Aurora, Elgin and return to Chicago Automobile mileage - see Statement of Travel on page 2 of this Form 1012 (38)			6 30
	Per diem claimed from 7:00 a. m. to 11:00 p. m. Aug. 28 - 3/4 days at \$6.00 per day		4 50	
8/29	Left Chicago, Illinois 8:00 p. m. Taxi, residence to station			70
8/30	Crossed Canadian Border 4:00 a. m. Arrived Toronto, Canada 8:45 a. m. Attended meeting - See AD-61 attached (See Forms Manual) Left Toronto, Canada 6:00 p. m. Crossed Canadian Border 10:00 p. m.			
8/31	Arrived Chicago, Illinois 7:00 a. m. Taxi, station to office			60
	Per diem claimed from 8:00 p. m. Aug. 29 to 7:00 a. m. Aug. 31		11 22	
	Aug. 29 - 1/4 day at \$6.00 \$1.50			
	Aug. 30 - 4/24 day at \$6.00 \$1.00			
	18/24 day at \$7.00 \$5.22 (39)			
	2/24 day at \$6.00 \$.50			
	Aug. 31 - 1/2 day at \$6.00 \$3.00			
	TOTAL \$11.22			
			119 22	45 60
TOTALS (to be carried forward to continuation sheet, if necessary)			164	82

Standard Form No. 1012b—Revised, Form prescribed by Comptroller General, U. S., October 20, 1944, General Regulations No. 68—Revised.

STATEMENT OF TRAVEL—Continuation Sheet #4

47 TRANSPORTATION REQUEST No.	48 AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	49 MODE OF TRAVEL (If by public carrier show abbreviated name thereof and class of service used)	50 DATE OF TRAVEL	51 POINTS OF TRAVEL FROM— (Also show meter readings when travel was by automobile) TO—		FOR REIMBURSABLE ITEMS ONLY MILES TRAVELED BY AUTO. RATE PER MILE (Cents) AMOUNT CLAIMED Include cash paid public carrier		
STATEMENT OF TRAVEL PERFORMED FOR WHICH REIMBURSEMENT IS NOT CLAIMED BY TRAVELER								
A-6215*	8.55	F** Wabash RR	8/7	Detroit, Mich.	Chicago, Ill.			
A-6700	170.00	U.A.L.	8/14	Chicago, Ill.	Portland, Ore. & Ret.			
		Govt.-owned automobile	8/20	In & around Portland, Oregon		70	0	-- --
A-6701	29.50	F Grand Trunk	8/29	Chicago, Ill.	Toronto, Canada & ret.			
A-6702	4.35	Pullman LB	8/29	Chicago, Ill.	Toronto, Canada			
A-6703	4.35	Pullman LB	8/30	Toronto, Canada	Chicago, Ill.			
* Unused ticket secured on TR A-6215 good for transportation Chicago, Ill., to Detroit, Mich., is attached. Not used due to change in itinerary.						(52)		
** First-class service was not available between Detroit and Adrian, Ohio - rode in coach.						(53)		
TOTAL MILEAGE COMPUTATIONS (to be carried forward to continuation sheet, if necessary)								

Standard Form No. 1012 (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 89—Revised
ATTACH SUBVOUCHERS HERE

PRIVATELY OWNED AUTOMOBILE — STRAIGHT MILEAGE BASIS

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT
OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. LEAVE BLANK
Bu. Vou. No. LEAVE BLANK

(1) U. S. DA-PMA (Name of branch or office)
(Department, bureau, or establishment)

THE UNITED STATES, DE.,

(2) To John A. Doe

(3) Address 1425 Mason Street
Sanford, Iowa

(4) 3 miles West of Sanford, Iowa (Leave Blank)
(Official duty station) (Residence (For use of Postal Service only))

(5) For PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from January 1 19 46, to January 31, 19 46, as per itemized statement within, under authority No. 100-42-325 dated November 1, 19 45, copy of which is attached,* or has been previously furnished with Voucher No. Leave Blank, paid Leave Blank, 19 45, by Leave Blank (Name of disbursing officer)

PAID BY	
LEAVE BLANK	
(For use of paying office)	

AMOUNT CLAIMED (8)		
For—	DOLLARS	CENTS
Subsistence	15	00
Other		
Travel	48	40
TOTAL	63	40

*I certify that the above account and schedule annexed are true and just in all respects; that payment therefor has not been received; that my statements of travel performed by the means herein set forth correctly reflect travel performed by me on official business; and that, except as otherwise indicated above, no part of the travel for which compensation is claimed was performed within the corporate limits of my official station or post of duty.

I further certify, if applicable, that I actually incurred or paid (except as otherwise explained) the actual operating expenses of the motor vehicle indicated, for which commutation is claimed on a mileage basis.

(Payee cannot use this space)

Differences

Amount verified; correct for

(Signature or initials)

SIGN ORIGINAL ONLY

(7)

Payee (Signed) John A. Doe

Date 2/10/46 Title Crop Insurance Adjuster

PENALTY FOR PRESENTING FRAUDULENT CLAIM.—Fine of not more than \$10,000 or imprisonment for not more than 10 years or both. (See 52 Stat. 197; U. S. C. 1820.)

FORFEITURE OF FRAUDULENT CLAIM.—Falsification of an item in an expense account works a forfeiture of the entire claim. (See 26 Stat. 1141; U. S. C. 23: 279, 280; 18 C. Stat. 1041, 1042.)

(TO BE USED AT DISCRETION OF DEPARTMENT, BUREAU, OR ESTABLISHMENT)

RECOMMENDED FOR APPROVAL:

(8)

(Signed) Richard S. Roe, State Director
(Immediate supervising official)

Pursuant to authority vested in me as an authorized certifying officer, I certify that the official headquarters of the claimant is as stated above; that the travel was authorized in advance (unless otherwise noted) from and to the points stated in the account, and for the period and at the subsistence rate or rates claimed; and that the amounts claimed are just and reasonable, except as noted.

The next previous voucher paid under the same travel authority was: D. O. Vou. No. LEAVE—THESE—SPACES—BLANK—(Date)

APPROVED FOR \$

SIGN ORIGINAL ONLY

(Authorized certifying officer)

Date 2/10/46, 19 46 Title Crop Insurance Adjuster

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE				LIMIT'S OR PROJ'T (Amount)	APPROPRIATION (Amount)
	- LEAVE BLANK -					
ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT

Paid by { Check No. LEAVE BLANK, dated 2/10/46, 19 46 for \$ 63.40 } on Treasurer of the United States in favor of payee named above.
{ Cash, \$ 63.40, on 2/10/46, 19 46 }

SIGN ORIGINAL ONLY

Leave Blank
(Signature of payee)

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for \$" and over his official title.

4-9-46

(9)

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF
ITEMS ARE NUMEROUS

1. Date and hour of departure from official headquarters _____ (Date) _____ (Hour) _____
2. Give duty status on first day of voucher period: _____
- Arrived at _____ on _____, 19____, for temporary duty for
approximate period _____
- Approximate date of return to official headquarters _____, 19____

(10) DATE 19 <u>46</u>	(11) CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	SUB- VOU. No.	AMOUNT CLAIMED	
			SUBSISTENCE†	OTHER
		(12)	(13)	(14)
Jan.	Per Diem Claimed			
	Jan. 14, 9:30 AM to Jan. 15, 5:30 PM, inclusive (39)			
	1½ days @ \$4.00 per diem		6.00	
	This trip was made to attend conference at Meade, Iowa. Mr. Joe Smith accompanied me.			
	Jan. 21, 8:30 AM to Jan. 23, 10:35 AM, inclusive			
	- 2½ days @ \$4.00 per diem (39)		9.00	
	Had to stay overnight in Madrid Jan. 22 to make several necessary adjustments.			
	TOTALS (to be carried forward to continuation sheet, if necessary)		15.00	

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
 **When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
 †If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST No.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL		FOR REIMBURSABLE ITEMS ONLY			
				FROM— (Also show meter readings when travel was by automobile)	TO—	MILES TRAVELED BY AUTO.		AMOUNT CLAIMED	
						MILES PER MIN. (Cents)	PER MIN. (Cents)	Include cash paid 'public carrier	
			Jan.	9:15 am 25,001	5:30 pm 25,041				
			1	Official Station	Rural areas & return	40	4	1	60
				8:30 am 25,045	5:45 pm 25,090				
			2	Official Station	Rural areas & return	45	4	1	80
				9:00 am 25,098	5:45 pm 25,173				
			4	Official Station	AAA Office at Gardell and return to Official Station	75	4	3	00
				8:30 am 25,203	11:30 am 25,288				
			7	Official Station	Kent, Iowa	85	4	3	40
				2:30 pm 25,288	3:30 pm 25,318				
			8	Kent	Parma	30	4	1	20
			9	Official business in	Parma				
				12:30 pm 25,339	5:00 pm 25,474				
			10	Parma	Rural travel to Official Station	135	4	5	40
						410	4	16	40

TOTAL MILEAGE COMPUTATIONS (to be carried forward to continuation sheet, if necessary)

*Railroad, steamship, airplane, bus, motor vehicle, etc. Abbreviate class of service or accommodations used—Railroad: F, first class; I, intermediate; M, mixed; C, coach; P, pullman accommodations; DR, drawing room; CP, compartment; BR, bedroom; SOS, single occupancy section; SEC, section; LB, lower berth; UP, upper berth; S, seat.
Motor vehicle: GA, Government automobile or motorcycle; PO, privately owned automobile or motorcycle.

STATEMENT OF TRAVEL—Continuation Sheet # 1

TRANSPORTATION REQUEST No.	AGENT'S VALUATION OF TICKET OBTAINED BY T/R NOT TO BE CLAIMED	MODE OF TRAVEL (If by public carrier show abbreviated name thereof and class of service used)	DATE OF TRAVEL	POINTS OF TRAVEL		FOR REIMBURSABLE ITEMS ONLY		
				FROM—	TO—	MILES TRAVELED BY AUTO.	RATE PER MILE (Cents)	AMOUNT CLAIMED
				(Also show meter readings when travel was by automobile)				
			Jan.	Brought Forward		410	4	16 40
			14	9:30 am 25,624 Official Station	12:30 pm 25,707 Meade, Iowa	83	4	3 32
				(Accompanied by Joe Smith)				
			15	2:30 pm 25,707 Meade, Iowa	5:30 pm 25,790 Official Station	83	4	3 32
			16	9:15 am 25,794 Official Station	5:30 pm 25,845 Rural areas & return	51	4	2 04
			17	9:00 am 25,855 Official Station	5:45 pm 25,933 Rural areas & return	78	4	3 12
			21	8:30 am 25,949 Official Station	12:00 noon 26,081 Claremont	132	4	5 28
			22	9:15 am 26,081 Claremont	5:45 pm 26,161 Madrid	80	4	3 20
			23	9:00 am 26,161 Madrid	10:35 am 26,213 Official Station	52	4	2 08
			24	9:15 am 26,233 Official Station	5:30 pm 26,293 Rural areas & return	60	4	2 40
			25	9:00 am 26,297 Official Station	5:45 pm 26,359 Newton via rural areas and return to Official station	62	4	2 48
			29	8:45 am 26,363 Official station	5:30 pm 26,423 AAA Office—Cordell and return	60	4	2 40
			30	9:15 am 26,427 Official Station	5:30 pm 26,469 Rural areas & return	42	4	1 68
			31	9:30 am 26,475 Official Station	5:45 pm 26,548 AAA Office—Cordell via rural areas and return	73	4	2 92
						1266		
	46			Deduction of 4 miles each for 14 completed trips		56		
TOTAL MILEAGE COMPUTATIONS (to be carried forward to continuation sheet, if necessary)						1210	4	48 40

Standard Form No. 1012 (Revised)
Form prescribed by
Comptroller General, U. S.
October 20, 1944
General Regulations No. 88—Revised
ATTACH SUBVOUCHERS HERE

PRIVATELY OWNED AUTOMOBILE - MIXED
STRAIGHT MILEAGE AND COMPARATIVE COST BASIS

VOUCHER FOR PER DIEM AND/OR REIMBURSEMENT
OF EXPENSES INCIDENT TO OFFICIAL TRAVEL

D. O. Vou. No. Leave Blank
Bu. Vou. No. Leave Blank

(1) U. S. DA-PMA (Name of branch or office)
(Department, bureau, or establishment)

THE UNITED STATES, Dr.,

(2) To John A. Doe

(3) Address 124 Cornwall Street
College Station, Texas

(4) College Station, Texas (Leave Blank)
(Official duty station) (Residence (For use of Postal Service only))

PAID BY	
LEAVE BLANK	
(For use of paying office)	

(5) FOR PER DIEM in lieu of subsistence, mileage for privately owned motor vehicle, and/or REIMBURSEMENT of travel and other expenses paid by me in the discharge of official duty from January 1 1946, to January 31, 1946, as per itemized statement within, under authority No. 100-74-421 dated July 1, 1945, copy of which is attached,* or has been previously furnished with Voucher No. Leave Blank, paid Leave Blank, 19 , by Leave Blank (Name of disbursing officer)

AMOUNT CLAIMED (6)		
For—	DOLLARS	CENTS
Subsistence	18	75
Other		
Travel	36	15
TOTAL	54	90

I CERTIFY that the above account and schedule annexed are true and just in all respects; that payment therefor has not been received; that my statements of travel performed by the means herein set forth correctly reflect travel performed by me on official business; and that, except as otherwise indicated above, no part of the travel for which compensation is claimed was performed within the corporate limits of my official station or post of duty.

I further certify, if applicable, that I actually incurred or paid (except as otherwise explained) the actual operating expenses of the motor vehicle indicated, for which commutation is claimed on a mileage basis.

SIGN
ORIGINAL
ONLY

(7) Payee (Signed) John A. Doe

Date 2/14/46 Title District Supervisor

(Payee must not use this space)

Differences		
Amount verified; correct for		
(Signature or initials)		

PENALTY FOR PRESENTING FRAUDULENT CLAIM.—Fine of not more than \$10,000 or imprisonment for not more than 10 years or both. (See 52 Stat. 197; U. S. C. 18-80.)
FORFEITURE OF FRAUDULENT CLAIM.—Falsification of an item in an expense account works a forfeiture of the entire claim (See 36 Stat. 1141; U. S. C. 28: 279, 280; 18 Comp. Gen. 603.)

(TO BE USED AT DISCRETION OF DEPARTMENT, BUREAU, OR ESTABLISHMENT)

RECOMMENDED FOR APPROVAL:

(8) (Signed) Richard S. Roe, State Director
(Immediate supervising official)

Pursuant to authority vested in me as an authorized certifying officer, I certify that the official headquarters of the claimant is as stated above; that the travel was authorized in advance (unless otherwise noted) from and to the points stated in the account, and for the period and at the subsistence rate or rates claimed; and that the amounts claimed are just and reasonable, except as noted.

The next previous voucher paid under the same travel authority was: D. O. Vou. No. , paid
LEAVE THESE SPACES BLANK (Date)

APPROVED FOR \$ SIGN ORIGINAL ONLY (Authorized certifying officer)

Date , 19 Title

ACCOUNTING CLASSIFICATION (for completion by Administrative Office)

APPROPRIATION, LIMITATION, OR PROJECT SYMBOL	APPROPRIATION TITLE				LIMIT OR PROJ'T (Amount)	APPROPRIATION (Amount)
	LEAVE BLANK					
ALLOTMENT SYMBOL	AMOUNT	OBLIGATIONS LIQUIDATED	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			SYMBOL	AMOUNT	SYMBOL	AMOUNT
			LEAVE BLANK			

Paid by { Check No. , dated , 19 for \$ } on Treasurer of the United States in favor of payee named above.
{ Cash, \$, on , 19

SIGN ORIGINAL ONLY Leave Blank (Signature of payee)

*If there was no prior authority, state circumstances which rendered securing prior authority impracticable. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise, the approving officer will sign in the blank space below "Approved for \$ " and over his official title.

SCHEDULE OF EXPENSES AND ITINERARY OF TRAVELER*

USE SINGLE SPACE IF
ITEMS ARE NUMEROUS

- ⑨ 1. Date and hour of departure from official headquarters (Date) (Hour)
 2. Give duty status on first day of voucher period:
 Arrived at on 19....., for temporary duty for
 approximate period
 Approximate date of return to official headquarters 19.....

⑩ DATE 19.....	⑪ CHARACTER OF EXPENDITURE (To be itemized by the day and fully explained)	⑫ SUB- VOU. NO.	⑬ AMOUNT CLAIMED		⑭
			SUBSISTENCE†	OTHER	
Jan. 2	Per diem from 9:36 AM, Jan. 2 to 6:47 PM, January 5 (official duty in Corsicans prevented earlier departure, therefore preventing arrival at official station prior to 6:00PM) ③⑨				
	3 3/4 days at \$5.00 per diem		18 75		
7	No per diem claimed ②⑧ Automobile was used because common carrier schedule was not such that I could make a prearranged appointment in Navasota ③⑥				
9	Since common carrier is available between College Station and Hempstead, bus fare instead of mileage has been claimed. ③⑥				
10	I remained in Madisonville overnight on Jan. 10 in order to work on some papers concerning crop insurance for Madison County. Some of the claims for producers would have been further delayed had I not worked. The work I performed was official duty but was not within the regular working hours. ③⑨				
TOTALS (to be carried forward to continuation sheet, if necessary)			18 75		

*If authority provides for travel to more than one point, time of arrival and departure from each should be stated in the body of the account in chronological order.
 **When subvouchers required by regulations were not obtained, state fully the circumstances showing reasons for omission.
 †If more than one rate of allowance is authorized, full statement of application of each rate must be given in some convenient place on this voucher.

STATEMENT OF TRAVEL

TRANSPORTATION REQUEST NO.	AGENT'S VALUATION OF TICKET OBTAINED BY T/E NOT TO BE CLAIMED	MODE OF TRAVEL* (If by public carrier show abbreviated name thereof and class of service used)	④① DATE OF TRAVEL	④② POINTS OF TRAVEL		FOR REIMBURSABLE ITEMS ONLY		
				FROM—	TO—	④③ MILES TRAVELED BY AUTO.	④④ RATE PER MILE (Cents)	④⑤ AMOUNT CLAIMED Include cash paid public carrier
			Jan. 2	9:36 am 21,818	12:07 pm 21,898			
				College Station	Crockett	80	5	4 00
				1:14 pm 21,898	3:25 pm 21,912			
				Crockett	Rural areas & return	14	5	70
				3:52 pm 21,912	5:28 pm 21,972			
				Crockett	Nacogdoches	60	5	3 00
			3	7:46 am 21,972	8:49 am 22,007			
				Nacogdoches	San Augustine	35	5	1 75
				10:22 am 22,007	12:23 pm 22,010			
				San Augustine	Jones Farm & return	3	5	15
				2:51 pm	7:37 pm 22,137			
				San Augustine	Palestine via Shelbyville and rural areas	127	5	6 35
			4	9:55 am 22,137	1:24 pm 22,199			
				Palestine	Frankton, rural vicinity & return	62	5	3 10
TOTAL MILEAGE COMPUTATIONS (to be carried forward to continuation sheet, if necessary)						381	5	19 05

*Railroad, steamship, airplane, bus, motor vehicle, etc. Abbreviate class of service or accommodations used—Railroad: F, first class; I, intermediate; M, mixed; C, coach; P, pullman accommodations: DR, drawing room; CP, compartment; BR, bedroom; SOS, single occupancy section; SEC, section; LB, lower berth; UP, upper berth; S, seat.
 Motor vehicle: GA, Government automobile or motorcycle; PO, privately owned automobile or motorcycle.

Standard Form 1012d-Revised
Form approved by
Comptroller General, U. S.
July 19, 1937
General Reg. No. 88

RECEIPT FOR CASH-SUBVOUCHER

(To be used when dealer's bill is not available)

Subvoucher No. 2RECEIVED IN CASH FROM John A. DoeFourAND no DOLLARS (\$ 4.00)

in full of the following account:

*** 10-1098

DATE	ARTICLES OR SERVICES	AMOUNT
8/5/45	Hire of automobile @ 4¢ per mile Used 100 miles	4.00

Witness to signature by mark:

(Signature of witness)

(Address of witness)

DO NOT
SIGN IN
DUPLICATE

U-Drive Co.

(Signature)

P. O. Address Detroit, Michigan

By

Title Manager

FORM NUMBER: Standard Form No. 1012d - Revised
TITLE: RECEIPT FOR CASH-SUBVOUCHER

ACTUAL SIZE: 3½" X 7½"
PRINTED: 1 sheet, front only

PREPARATION: Original only, by the traveler.

DISTRIBUTION: To appropriate administrative accounting office attached to SF-1012.

PROCEDURE COVERING USE: 218.1

Government Request for Transportation PREPARED BY: (Good unit) (Department and Bureau or Service)	Used <u>19</u> THE UNITED STATES OF AMERICA		A 1,498,881	
	(Bill to) <u>USDA, Production and Marketing Admin., Wash., D.C.</u>			
	Requests the <u>Pennsylvania RR</u> Company to furnish			
	<u>John A. Doe</u> at lowest rate the following			
	from <u>Washington, D. C.</u> to <u>Boston, Massachusetts</u>			
	& return			
	via <u>PRR; NYNH&H via HGB</u>			
	TICKET AGENTS WILL NOT ACCEPT THIS I certify that transportation has been furnished as above, except as noted on reverse hereof. Authorization or object <u>LA 110</u>		Value \$ <u> </u>	
	Appropriation <u>600-01-000-26-001-20</u>		Washington, D. C. 5/30 1945 (Place of issue)	
			(Signature of issuing officer) Title <u>Asst. Chief, B&O Divn., EM Branch</u> Washington, D. C. 5/30 1945 (Place)	

		(Signature of traveler) Title <u>Asst. Chief, B&O Divn., EM Branch</u> NOTE: Follow strictly instructions on reverse hereof.	
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FORM NUMBER: Standard Form No. 1030 (original-green) **ACTUAL SIZE: 3 1/8" X 7 3/8"**
 Standard Form No. 1031 (memorandum copy white) **PRINTED: 1 sheet, both sides**

(Memorandum copy shown on reverse of this sheet)

TITLE: GOVERNMENT REQUEST FOR TRANSPORTATION (TR)

PREPARATION: Original (SF 1030) and one copy (SF 1031) in indelible pencil or on typewriter. An employee having been issued a book of TR's signs both as "Issuing Officer" and as "Traveler".

Issuing Officers issuing individual TR's to employees sign each TR as "Issuing Officer" and the employee signs as "Traveler".

DISTRIBUTION: Original to Carrier in exchange for ticket, copy submitted to the appropriate administrative accounting office attached to SF 1012.

PROCEDURE COVERING USE: 218.1

Government Request for Transportation
 MEMORANDUM

PREVIOUSLY FOR TRANSPORTATION USE ONLY AND IMPROVEMENT.

THE UNITED STATES OF AMERICA

(Good until) 19

Bill to _____ (Department and Bureau or Service)

Requests the _____ Company to furnish _____ at lowest rate the following

from _____ (Name of traveler) to _____

via _____

Trans- portation		Berths				Covers	Substancs
		Standard	Tourist	Upper	Lower		
Class	Number of persons	Upper	Lower	Upper	Lower		

TICKET AGENTS WILL NOT ACCEPT THIS

Value \$ _____

I certify that transportation has been furnished as above, except as noted on reverse hereof.

Authorization or object _____

Appropriation _____

(Place of issue) 19

(Signature of issuing officer) _____

Title _____

(Place) 19

(Signature of traveler) _____

Title _____

NOTE: Follow strictly instructions on reverse hereof.

FACE

Standard Form No. 1031.

Form approved by Comptroller General U.S., Oct. 16, 1925.
 Printed by Bureau of Engraving and Printing and pro-
 curable through the Secretary of the Treasury (Division
 of Printing). Printing of transportation requests by
 commercial concerns is strictly prohibited.

NOTICE OF ISSUE OF TICKET

1. This memorandum to be detached upon issue of ticket and immediately mailed to

(Administrative Officer)

2. Where a journey has not been routed on the Request for Transportation, the traveler will retain this memorandum until the journey is completed, and then mail it as directed, routing thereon the journey actually performed by him.

3. Indicate below the actual transportation furnished where same varies from that requested. (See instruction 2 on reverse of original request.)

BACK

Standard Form No. 1039- Revised
Form approved by Comptroller General, U. S.
May 13, 1933
Gen. Reg. No. 83

September 3, 1945

(Date)

STATEMENT OF ADVANCE OF FUNDS FOR TRAVEL EXPENSES

USDA, Production & Marketing Admin. Blank Branch Chicago, Ill.
(Department or establishment) (Bureau or office) (Place of preparation)

Account of John A. Doe under an advance of funds
(Name of traveler to whom advance was made)
made under Bond dated August 1, 1945
(Bond or retirement fund; if bond, give date of bond)

FOR USE OF DISBURSING OFFICE ONLY

Vou. No. _____
Date paid. _____
Amount \$ _____

TRAVELER'S STATEMENT OF ADVANCE ACCOUNT

EXPENDITURES NOT PREVIOUSLY REIMBURSED TO ME			STATUS OF ADVANCES	
Vou. Submitted	Period Covered	Amount		
9/4/45	Fr. 8/1 to 8/31/45	164.82	Bal. last report	\$ none
	Fr. _____ to _____		Add'l advance, this mo.	100.00
	Fr. _____ to _____		TOTAL	\$ 100.00
	Fr. _____ to _____		Less: Applied hereby*	100.00
	Fr. _____ to _____		Bal. due U. S.	\$ none

APPLICATION OF AMOUNT OF VOUCHER

To traveler \$ _____
Check No. _____
Applied to advance \$ _____
Check No. _____
Symbol No. _____
Applied to advance, no check to issue \$ _____
Checked by _____

OF THE AMOUNT OF THE ATTACHED VOUCHER PLEASE APPLY

TO MY ADVANCE ACCOUNT \$ 100.00
BALANCE, REMIT TO ME \$ 64.82

I CERTIFY that the foregoing is a true and correct statement of my account; that I ~~will not~~ continue in a travel status and ~~will not~~ have further need for the advance, for the balance of which as stated above I am accountable.

(Signature) /s/

(Title) Marketing Specialist, Blank Branch

APPROVAL OF ADMINIS- TRATIVE OFFICE

To apply to advance \$ _____
Check to traveler \$ _____
Initials _____

*Voucher or part of current voucher requested to be applied; also insert refund in cash or by personal check, if any, this month.
**Strike out statement not applicable.

FORM NUMBER: Standard Form 1039 - Revised
TITLE: STATEMENT OF ADVANCE OF FUNDS FOR
TRAVEL EXPENSES

ACTUAL SIZE: 8" X 7"
PRINTED: 1 sheet, front only

PREPARATION: By traveler in original only.

DISTRIBUTION: Attached to SF 1012-Revised, and forward to appropriate Administrative Accounting office through supervising official.

PROCEDURE COVERING USE: 218.1

Standard Form No. 1094 Form approved by Comptroller General U. S., June 19, 1936	U. S. Government Tax Exemption Certificate (See reverse hereof for instructions and penalty for fraudulent use.)	A-1, 302, 980															
I certify that I have purchased for the exclusive use of the United States Government from <div style="text-align: center;"> Roe's Esso Service Station <small>(Name of vendor)</small> </div> <div style="text-align: center;"> Portland, Oregon <small>(Address of vendor)</small> </div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">INDICATE AMOUNT OF TAX</th> </tr> <tr> <th style="width: 20%;">KIND</th> <th style="width: 40%;">INCLUDED</th> <th style="width: 40%;">EXCLUDED</th> </tr> <tr> <td>Federal</td> <td style="text-align: center;">X X X</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>*State</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$.02</td> </tr> <tr> <td>*Local</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table> <small>(Use one block only, cancel others):</small>	INDICATE AMOUNT OF TAX			KIND	INCLUDED	EXCLUDED	Federal	X X X	\$	*State	\$	\$.02	*Local	\$	\$
INDICATE AMOUNT OF TAX																	
KIND	INCLUDED	EXCLUDED															
Federal	X X X	\$															
*State	\$	\$.02															
*Local	\$	\$															
5 gals. gasoline @ 20¢ per gal., & 1 qt. oil @ 25¢ per qt. <small>(Description, quantity, and unit price)</small>																	
which has (or have) been delivered, or which will be delivered and invoiced pursuant to purchase orders issued under contract No. _____, dated _____, and for which a tax exemption certificate has not heretofore been issued.																	
Date <u>8/20/45</u> <u>/s/ John A. Doe, Mktg. Specialist</u> <small>(Signature and title of purchaser)</small>		<u>A-10000</u> <small>(Identification Card No.)</small>															
VENDOR Firm Name <u>Roe's Esso Service Station</u> By <u>/s/ Charles Mann</u> Title <u>Station Attendant</u> <small>*State and local taxes to be paid only when absolutely necessary to obtain commodity required.</small>		To be filled in ONLY by the administrative office when a State or local tax is included in the purchase price. D. O. _____ Symbol _____ Bu. Vou. No. _____ Period _____															

FORM NUMBER: Standard Form 1094
 TITLE: U. S. GOVERNMENT TAX EXEMPTION
 CERTIFICATE

ACTUAL SIZE: 3½" X 7½"
 PRINTED: 1 sheet, front only

PREPARATION: Original only for each tax involved.

DISTRIBUTION: To Vendor when tax is excluded
 To appropriate administrative accounting office when tax is included, attached to SF-1012.

PROCEDURE COVERING USE: 218.1

FORM SS-42 1-23-46		U. S. DEPARTMENT OF AGRICULTURE PRODUCTION AND MARKETING ADMINISTRATION SHIPPING AND STORAGE BRANCH		INSPECTION REQUEST NO. 7	FUNDS OF PURCHASE GCP
REQUEST FOR COMMODITY INSPECTION				COMMODITY Evaporated Milk	
				LOCATION (City and State) Philadelphia, Penn.	
TO (COMMODITY BRANCH INSPECTION SERVICE) John Doe, D&P Grading & Inspection Division, PMA - New York City					
NAME AND ADDRESS OF WAREHOUSE Merchants Warehouse Co. - Philadelphia, Penn.					
QUANTITY 1250	LOT NO. 767	EX-CAR NO. PFE 100453	TYPE OF CONTAINER Fibre cases/48 cans	YEAR PACKED (if available) 1945	
SERVICE REQUESTED <input checked="" type="checkbox"/> INSPECT GRADE, QUALITY AND CONDITION <input checked="" type="checkbox"/> INSPECT CONDITION OF COMMODITY AND CONTAINER <input checked="" type="checkbox"/> RECOMMEND ACTION <input type="checkbox"/> SUPERVISE OR WITNESS SEGREGATION OF DAMAGED LOTS <input type="checkbox"/> CHECK ON RAW MATERIAL OR INGREDIENTS BEING USED BY WAREHOUSEMAN <input type="checkbox"/> DETERMINE NEED FOR FUMIGATION <input type="checkbox"/> OTHER (Describe)					
NOTE: If the same service is required on more than one lot in one warehouse, identification of lots may be made on the reverse side, and the total costs of such service may be included below by the Inspection Service.					
SHIPPING AND STORAGE OFFICE MAKING REQUEST New York Office, SSE					
AUTHORIZED BY SHIPPING AND STORAGE BRANCH					
DATE 2-15-46		SIGNATURE /s/ Richard Roe, Chief, New York Office, SSE			
FOR USE BY COMMODITY BRANCH INSPECTION SERVICE					
COST OF SERVICE				INSPECTION CERTIFICATE NO.	
FEE	2	HRS. @ \$	2.80	\$	5.20
EXPENSES			1.00	\$	1.00
TOTAL				\$	6.20
				EM-0000	
2/20/46 (Date of inspection)				/s/ Donald Dill	
2/20/46 (Date of report)				(Signature)	

FORM NUMBER: SS-42

ACTUAL SIZE: 8" X 10½"

TITLE: REQUEST FOR COMMODITY INSPECTION

PRINTED: 1 sheet, both sides

(Back of form shown on reverse of this sheet)

PREPARATION: Original by Shipping and Storage Branch in an Original and four (4) copies..
 Completed by Inspector of Appropriate Commodity Branch, Inspection Service

DISTRIBUTION: Original and four (4) copies to Appropriate Inspection Service, Field Office.

PROCEDURE COVERING USE: 127.2

DISTRIBUTION: A, W, B-11, B-18, B-19, B-22, B-30, B-33

1-22-46

Reverse of Inspection Request No. 7 7

[illegible]